## L13000075375

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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## **COVER LETTER**

TO: Registration Se Division of Cor	ection 🦠 " porations (		
HELP AT	HOME FRANCHISE SERVIC	E, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ashly Luckose		
	· · ·	Name of Person	
	Help at Home Franchise So	ervice, LLC	
		Firm/Company	<del></del>
	354 NE 1st Ave		
		Address	
	Delray Beach, FL 33444		
		City/State and Zip Code	<del></del>
	Legal@preferhome.com	to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	•	,
Ashly Luckose		561 404-2929 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## HELP AT HOME FRANCHISE SERVICE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	inhilite Commons		and assigned
Florida document number L13000075375		were med on	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	354 NE IST AVE	
(Principal office address MUST BE A STREET ADDRESS)		DELRAY BEACH, FL 33444	
<u>1</u>		SUITE # 100	
Enter new mailing address, if applicable:		354 NE IST AVE	
(Mailing address MAY BE A POST OFFICE BOX)		DELRAY BEACH, FL 33444	
		SUITE #100	
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:			
New Registered Office Address:	354 NE 1ST A	VE	
New Registered Office Address.		Enter Florida street	address
	DELRAY BEA	ACH	, Florida <u>33444</u>
		City	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered office	performance of my dut provided for in Chapter address, I hereby confi	ies, and I am familiar with and 605, F.S. Or, if this document is

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	BETHABARA GROUP LIMITED	10808 AVENIDA SANTA ANA	Add
		BOCA RATON, FL 33498	Remove
		· · ·	☐ Change
MGRM	MGRM FRANK GUERRIERI	354 NE 1ST AVE	
	DELRAY BEACH, FL 33444	Remove	
			☐ Change
MGRM	MGRM JODY GUERRIERI	354 NE 1ST AVE	Add
		DELRAY BEACH, FL 33444	Remove
			□ Change
			☐ Remove
		☐ Change	
			Add
		□ Remove	
	<del></del>	☐ Change	
	·	Add	
		Remove	
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated Soft 27 1, 2015.  Signature of a member or authorized representative of a member
Frank Guerrieri  Typed or printed name of signee

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Filing Fee: \$25.00