

L14000016160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

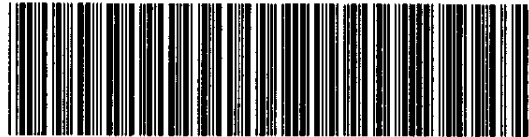
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 03 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: We Help U Property Solutions, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katherine Skrobiak

Name of Person

We Help U Property Solutions, LLC

Firm/Company

1709 Ferris Avenue

Address

Orlando, FL 32803

City/State and Zip Code

buzygai@sprynet.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katherine Skrobiak

407 595-3213
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
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

FILED
15 FEB 20 PM 5:00
TALLAHASSEE, FL
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

We Help U Property Solutions, 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 Liability Company were filed on 1/29/2014 and assigned
Florida document number L14000016160.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1709 Ferris Avenue

Orlando, FL 32803

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1709 Ferris Avenue

Orlando, FL 32803

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Katherine Skrobiak

New Registered Office Address: 1709 Ferris Avenue

Enter Florida street address

Orlando, Florida 32803

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Gary Skrobiak	1709 Ferris Avenue	<input checked="" type="checkbox"/> Add
		Orlando, FL 32803	<input type="checkbox"/> Remove
MGR	Katherine Skrobiak	1709 Ferris Avenue	<input checked="" type="checkbox"/> Add
		Orlando, FL 32803	<input type="checkbox"/> Remove
MGR	Gary Skrobiak	478 E. Altamonte Drive	<input checked="" type="checkbox"/> Add
		Suite 108-283	<input checked="" type="checkbox"/> Remove
		Altamonte Springs, FL 32701	
MGR	Kathie Skrobiak	478 E. Altamonte Drive	<input type="checkbox"/> Add
		Suite 108-283	<input checked="" type="checkbox"/> Remove
		Altamonte Springs, FL 32701	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

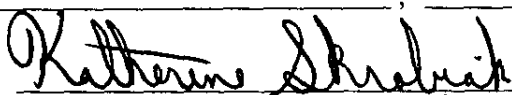
Amending the address for the corporation, the officers and

the Registered Agent and correcting the legal name of one MGR

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 17, 2015



Signature of a member or authorized representative of a member

Katherine Skrobiak

Typed or printed name of signee

FILED
15 FEB 20 PM 5:00
TALLAHASSEE, FLORIDA