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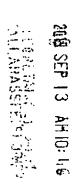
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Sc Division of Cor			
SUBJECT: H	ometown Ass	istant Lhc	SER TO MADE
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	<b>₹</b> ·
		Feldman Name of Person	
	Let M	1e Help Firm/Company	
	3566 R	arkridge Cin	cle#105
	Saraso	ta FL 34 City/State and Zip Code	1243 CM
	E-mail address: (	to be used for future annual report notif	lication)
For further information c	oncerning this matter, please ca	all:	
Fye T	eldman	at ( <u>941) 312</u> Area Code Daytime	e Telephone Number
Enclosed is a check for the	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)
	IAVA ADADON		P. A.

#### 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

## TO ARTICLES OF ORGANIZATION OF

HOMETOWN AS	5151 WILL 12
(Name of the Limited Liability Company as it (A Florida Limited Liability	
The Articles of Organization for this Limited Liability Company were Florida document number 1990 1990 1990 1990	filed on 12/2014 and assigned 14/40/10/17/2014
This amendment is submitted to amend the following:	100007602
A. If amending name, enter the new name of the limited liability co	ompany here:
Let Me Help LLC The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS) ———————————————————————————————————	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX) ————————————————————————————————————	
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
Constant Con	ity 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove
			Change
			Remove
			□ Change
		Add	
			□ Remove
			☐ Change

-	<u> </u>
ffective	date, if other than the date of filing: (optional)
	ve 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
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ocumen	's effective date on the Department of State's records.
	•
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 9	Oth day after the record is filed.
	Q/Z/ContZ) $700$
ated	9/7 (Sept + ) . <u>2019</u> .
•	Em Tudmar
\	- Coll Marker
`	Signature of a member or authorized representative of a member
	F 11
	tve teildman

Page 3 of 3

Filing Fee: \$25.00