

L15 000131379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

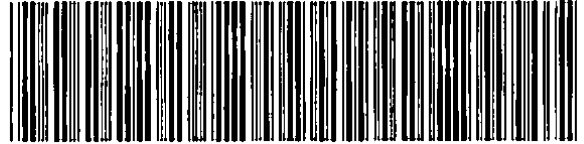
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000337311910

12/23/19--01017--008 **30.00

FILED

2019 DEC 23 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
JAN 23 2020

COVER LETTER

Registration Section
Division of Corporations

EFFECT: HELPING HAND MOVERS NAPLES
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

PATRICK O'HALLORAN
Name of Person

HELPING HAND MOVERS
Firm/Company

703 HARDEL DRIVE, #504
Address

NAPLES, FL 34104
City/State and Zip Code

HMMNAPLES@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANA O'HALLORAN at (239) 250-1544
Name of Person Area Code Daytime Telephone Number

Amount enclosed is a check for the 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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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

Articles of Organization for this Limited Liability Company were filed on 8/4/2015 and assigned
a document number L15000131379

an amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

If new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

If new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

FILED
2019 DEC 23 PM 5:35
SECRETARY OF STATE
TALLAHASSEE, FL

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
moved from our records:

= Manager

R = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
R	DIANA O'HALLORAN	703 MARDEL DRIVE	<input checked="" type="checkbox"/> Add
		#504	<input type="checkbox"/> Remove
		NAPLES, FL 34104	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2018 DEC 23 PM 3:35
SECRETARY OF STATE
TALLAHASSEE FL

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

FILED

2019 DEC 23 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FL

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

(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)(b)

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:
The 90th day after the record is filed.

dated 12/18/19

P. O'Halloran

Signature of a member or authorized representative of a member

PATRICK O'HALLORAN

Typed or printed name of signee