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S. WARREN DEC 1 9 2017

COVER LETTER

Div	ision of Cor	porations			
SUBJECT:		HAND MAINTENANCE, LL	c		
Name of Limited Liability Company					
The enclosed	J Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	i all correspo	indence concerning this matter	to the following:		
		Ruben Sanchez			
		Name of Person Firm/Company 999 SW 1 AVE #PH07			
		- 	Firm/Company		
		999 SW LAVE #PH07			
			Address		
		MIAMI, FL 33130			
		- 	City/State and Zip Code		
		helpingmaintenance@gmai			
		E-mail address: (to be used for future annual report notif	ication)	
For further in	nformation c	oncerning this matter, please c	all:		
Ruben Sanel	hez		305 989.9392 at ()		
	Name o	f Person	Area Code Daytimo	: Telephone Number	
Enclosed is a	check for th	ne following amount:			
\$25.00 F	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

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

HELPING HAND MAINTENANCE, LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Jability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L15000155959}{L15000155959}$.	were filed on 09/14/2015	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."		
Enter new principal offices address, if applicable:	999 SW LAVE #PH07			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33130			
Enter new mailing address, if applicable:	PO BOX 13002			
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33101			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, entere:	the name of the new		
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or,	miliar with and if this document is		
company has been notified in writing of this change.		F) 17 DEC 1		
	nging Registered Agent, Signature of New Res	dstere@Agent		

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being addorrenoved from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		MIAMI, FL 33132	□ Remove
			Change
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an effective date is	inscred in this bi	epartment of S	tate's records.	ne statutory ming	equirements, th	is date will i	ioi be listed as
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