## L1600000 8457

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO:	Registration Se Division of Cor		e	e.	
CIID II		JAL HELP LLC			
SUBJECT:Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			JAGDEEP KAUR		
÷			Name of Person		
			ASHU LEGAL HELP LLC		
			Firm/Company		
		2418	8 MANATER AVENUE EAST		
			Address	<u> </u>	
		BRA	DENTON FLORIDA 34208		
		34	City/State and Zip Code		
			LEGALHELP@GMAIL.COM		
			to be used for future annual report no	tilication)	
For fur	ther information co	oncerning this matter, please c	all:		
	JAGDE	EP KAUR	941 840-2627		
_	Name of	Person	at () Area Code Daytir	ne Telephone Number	
Enclose	ed is a check for th	e following amount:			
<b>■</b> \$2:	5.00 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 S	ection	Street Address: Registration Se		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
	Tallahassee, F			ne Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2020 Miles PH 12:09 **OF** ASHU LEGAL HELP LLC

(A Florida Limited The Articles of Organization for this Limited Liability Company			
Florida document number L1600008457	were fried on	and assigned	
This amendment is submitted to amend the following:		EFFECTIVE DAT	
A. If amending name, enter the new name of the limited liab	ility company here:	ALLA LIDO	
ASHU Payroll and Tax LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2418 MANATEE AVENUE EAST		
(Principal office address MUST BE A STREET ADDRESS)	BRADENTON FLORIDA 34208		
Enter new mailing address, if applicable:	2418 MANATEE AVENUE EAST		
(Mailing address MAY BE A POST OFFICE BOX)	BRADENTON FLORIDA 34208		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our recor	ds, enter the name of the new register	
Non-Porte of Office Add		<del></del>	
New Registered Office Address:	Enter Florida si	treet address	
	Plantola		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	(.ii)	харх лис	
hereby accept the appointment as registered agent and agr.	ee to act in this cana	wite I further narge to comply with	

egistered agent and agree to act in this capacity. I further agree to comply with the Thereby accept the appointment as registered agent and agree to account this capacity, i jurially agree to comply non-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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐Change
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		<del></del>	□Remove
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			<i>□</i> ('b

D. If amending any other informal	tion, enter change(s) here:	(Attach additional sheets, if n	ecessary.)
			<del></del>
		·-·	-
			<u> </u>
	<del></del>		<u> </u>
		-	
E. Effective date, if other than the office (If an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Department.	be specific and cannot be prior to d ck does not meet the applicable	late of filing or more than 90 days at	tional) er filing.) Pursuant to 605,0207 (3)(h nis date will not be listed as the
If the record specifies a delayed effective record is filed.	date, but not an effective time.	at 12:01 a.m. on the earlier of:	b) The 90th day after the
Dated	2020		
	thou.	d representative of a member	
S	ignature of a member of authorize	d representative of a member	
	JAGDEEP K	TAUR	
	Typed or printed na	ame of signee	

Filing Fee: \$25.00