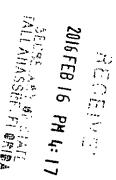
## L16000027983

(Requ	estor's Name)	,
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**3 MASON** 

## **COVER LETTER**

TO:	Registration Se Division of Cor				
SURIE		L HELPING HANDS IN PAR	ADISE, LLC		
GCDVE	Name of Limited Liability Company				
The enc)	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	etum all correspo	ndence concerning this matter	to the following:		
		BETH A SINACOLA			
		***************************************	Name of Person		
			Firm/Company		
		10640 SALAMANCA DR	IVE		
			Address		
		PORT RICHEY, FL. 3466	8		
		barichardso@yahoo.com	City/State and Zia Code	<del>9</del> 44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	
		E-mail address: (	to be used for future annual report notif	ication)	
For furth	her information c	oncerning this matter, please ca	ali:		
TRACI	TRACI A. MALIK, CPA 727 845-4166				
	lvame o	f Person		· Telephone Number	
Enclosed	d is a check for th	ne following amount:			
\$2.5	.00 Filing Fee	☐ \$30.00 Filing Fee & Centificate of Status	□ \$55.00 Filing Fee & Certified Copy (add:tienal copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registi Divisio P.O. B	ING ADDRESS: nation Section on of Corperations ox 6327 hasee, FL 32314	STREET/COURI Registration Section Division of Corport Clifton Building 2661 Executive Ce	r ations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PERSONAL HELPING HANDS IN PARADIS	SE, LLC	
(Name of the Limited Liability (A F)orida L	Company as it now appears on mited Liability Company)	our records.)
The Articles of Organization for this Limited Lizbility Con Florida document number L16000027983	npany were filed on FEBRU	ARY 9, 2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
PERFECT HELPING HANDS IN PARADISE, LLC		
The new pame most be dispinguishable and contain the words "Limited	d Liability Company," the design	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRE	SS)	
		***************************************
Enter new mailing address, if applicable:		
(Mulling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		records, enter the name of the ney
, ,		
New Registered Office Address:	Enter Florida si	rce: address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my nt as provided for in Chap	duties, and I am familiar with and ter 605, F.S. Or, if 🏯 document is
	If Changing Registered Agent,	Signature of New Registered Agent
	Page 1 of 3	Signature of New Registered Agent

Page 1 of 3

P.008/011

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

(FAX)

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>	<del></del>		
			□ Remove
			□ Change
negative designative section		- <u>.                                    </u>	C Add
		·	□ Remove
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			□ Add
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			25 20 -n 11
			CHARLE FLORIDA
			Change '

02/11/2010		(FAX)	P.009/01
). II amenc	ling any other information, enter change(s) her	e: (Attach additional sheets, if nec	essary.)
	·		
		,	
		***************************************	
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			<u> </u>
E. Effective	date, if other than the date of filing:	(opti	onal)
Note: If	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior the date inserted in this block does not meet the applic t's effective date on the Department of State's records	able statutory filing requirements, thi	r filing.) Pursuant to 605.0207 (3)(b) s date will not be listed as the
	rd specifies a delayed effective date, but no Oth day after the record is filed.	ot an effective time, at 12:01 a	a.m. on the earlier of:
Dated	2-11-16	<del></del> -	2010
	2-11-16 Beck a. Smaidle	, S	
	Signature of a member or auth	orized representative of a member	SSS -
	BETH A. SINACOLA		TO TO
	Typed or print	ed name of signee	요점 ??
			SS SS

Page 3 of 3

Filing Fee: \$25.00