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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (Social Manage)                         |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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# **COVER LETTER**

| Division of Corporations  |  |
|---|--|
| SUBJECT: Brit 1995 Helping Hands Name of Lighted Liability Company  | LLC  |
| Name of Engineer Elability Company  |  |
|   |  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |  |
| Please return all correspondence concerning this matter to the following:   |  |
| Britney Torres  |  |
| Name of Person  |  |
| Britney Torres  Name of Person  Britney's Helpins How  Firm/Company   | nds  |
|   |  |
| 4990 Orange Blud  | · · · · · · · · · · · · · · · · · · ·  |
| Address   |  |
| San ford, FL 327  | 7/   |
| City/State and Zip Code   |  |
| B346 iles @ gmc.il. Co E-mail address: (to be used for future annual repo   | m potification)  |
| For further information concerning this matter, please call:  | a nonnearon,   |
| 4   | 2-2  |
| Brithey Torres at (407) at Area Code  | 172-5571   |
| Name of Person Area Code I  | Daytime Telephone Number   |
|   |  |
| 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 APR 16 PM 1: 15

Zip Code

| Britney's Helpin  | ox Hands Classing 1: 15                                   |
|---|---|
| (Name of the Limited Liability Company as It<br>(A Florida Limited Liability      | now appears on our records.) Company)                     |
| The Articles of Organization for this Limited Liability Company were f            | iled on   |
| Florida document number <u>L16000030976</u> .                                     |   |
| This amendment is submitted to amend the following:                               |   |
| A. If amending name, enter the new name of the limited liability co               | mpany here:   |
| BHHcorp L   | _C  |
| The new name must be distinguishable and contain the words "Limited Liability Com | pany," 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                    | ddress 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                              |

## 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, I hereby confirm that the limited liability company has been notified in writing of this change.

City

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 = M $AMBR = A$ | lanager '<br>.uthorized Member |               |             |                                       |             |                         |
|--------------------|--------------------------------|---------------|-------------|---------------------------------------|-------------|-------------------------|
| <u>Title</u>       | <u>Name</u>                    |               | Address     |                                       |             | Type of Action          |
| MGR                | James 1                        | 5:1 <u>es</u> | 4990        | Olange<br>(d, FL                      | Blud        | Add                     |
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| iective date, if other than the date of filling:  Lettive date, if other than the date of filling:  Lettive date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filing.) Pursuant to 605.0207  Lettive date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filing.) Pursuant to 605.0207  Letting If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as a nument's effective date on the Department of State's records.  Letting If the date in the prior to date of filling or more than 90 days after filing.) Pursuant to 605.0207  Letting If the date inserted in this date will not be listed as a nument's effective date on the Department of State's records.  Letting If the date is strength of the prior to date of filling or more than 90 days after filing.) Pursuant to 605.0207  Letting If the date is strength of the prior to date of filling or more than 90 days after filing.) Pursuant to 605.0207  Letting If the date is strength of the prior to date of filling or more than 90 days after filing.) Pursuant to 605.0207  Letting If the date is strength of the prior to date of filling or more than 90 days after filing.) Pursuant to 605.0207  Letting If the date is strength of the prior to date of filling or more than 90 days after filing.) Pursuant to 605.0207  Letting If the date is strength of the prior to date of filling or more than 90 days after filing.) Pursuant to 605.0207  Letting If the date is strength of the prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Letting If the date is strength of the prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Letting If the date is strength of the prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Letting If the date is strength of the prior to date of filing or more than 90 days after filing.) Pursuant to 605.02  | , ,                               |                        |                     |                        |                        | 18 100                  | -4-E          |
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| ective date, if other than the date of filing:  |                                   |                        |                     |                        |                        | 74 V.S.                 | 5 57          |
| ective date, if other than the date of filing:  |                                   |                        |                     |                        |                        |                         | ^7/OR         |
| ective date, if other than the date of filing:  |                                   |                        |                     |                        |                        |                         |               |
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| ective date, if other than the date of filing:  |                                   |                        |                     |                        |                        |                         | <del></del>   |
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| 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.  April 10 , 2018  |                                   | ····                   |                     |                        | ·                      |                         | <del></del>   |
| 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.  April 10 , 2018  |                                   |                        |                     |                        |                        |                         |               |
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| The 90th day after the record is filed. $\frac{Apr''/}{BQN3} = \frac{2018}{2018}$   | ument's effective date on         | he Department of S     | state's records.    | ole statutory filing   | requirements, in       | is date will not be     | i iistea as i |
| The 90th day after the record is filed. $\frac{Apr''_{i}}{Botts} = \frac{2018}{3}$  |                                   |                        |                     |                        |                        |                         |               |
| the 90th day after the record is filed. $\frac{Apr'_{i}}{B} = \frac{2018}{B}.$  | record specifies a del            | aved effective d       | late, but not       | an effective th        | me, at 12:01           | a.m. on the e           | arlier of:    |
| BAR-  |                                   |                        |                     |                        | •                      |                         |               |
| BAR-  | 1                                 | 4 .                    |                     |                        |                        |                         |               |
| BAR-  | ed April                          | 10                     | , 2018              |                        |                        |                         |               |
|   | 7                                 | <u> </u>               | , <u> </u>          | <b></b>                |                        |                         |               |
| Signature of a member or authorized representative of a member  |                                   | 1 1/21                 |                     |                        |                        |                         |               |
|   |                                   | Signature of a r       | member or author    | ized representative    | of a member            |                         |               |

Page 3 of 3

Filing Fee: \$25.00