

160011298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

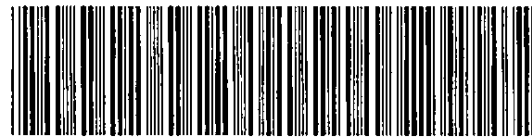
(Business Entity Name)

(Document Number)

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17 JUN 21 PM 2:05  
DIVISION OF CORPORATIONS

O. GUYTON

JUN 23 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HELP ME ABROAD, LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

SOPHIE CUOCCI

\_\_\_\_\_  
Name of Person

HELP ME ABROAD, LLC

\_\_\_\_\_  
Firm/Company

1012 DRIFT CREEK COVE

\_\_\_\_\_  
Address

ORLANDO, FL 32828

\_\_\_\_\_  
City/State and Zip Code

CONTACT@HELPMEABROAD.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SOPHIE CUOCCI

407 720-1940  
\_\_\_\_\_  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

HELP ME ABROAD, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/08/2016 and assigned  
Florida document number L16000111288.

This amendment is submitted to amend the following:

**A. 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 "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)

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**B. 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*

*City*

*Florida*

*Zip Code*

**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.*

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>	<u>Address</u>	<u>Type of Action</u>
MGR	SOPHIE CUOCCI	1012 DRIFT CREEK COVE	<input type="checkbox"/> Add
		ORLANDO 32828 FL	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	SOPHIE CUOCCI	1012 DRIFT CREEK COVE	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32828	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PATRICK SACLEUX	2288 GATOR DRIVE	<input checked="" type="checkbox"/> Add
		UNIT 371 ORLANDO	<input type="checkbox"/> Remove
		FL 32807	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

The company HELP ME ABROAD, LLC will become manager-managed starting June 30rd, 2017

and until further notice.

The former manager, Sophie Cuocci, will become a silent owner who still owns 100% of the company.

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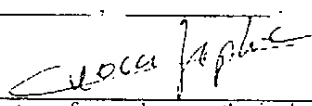
**E. Effective date, if other than the date of filing:** June 30rd, 2017 (optional)

(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:  
(b) The 90th day after the record is filed.

Dated June 13th, 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

SOPHIE CUOCCI

\_\_\_\_\_  
Typed or printed name of signee