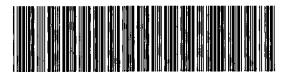
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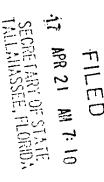
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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D. SCOTT APR 2 4 2017



3001 N Rocky Point Drive E - Suite 200 Tampa, FL 33607 (877) 857-5045

March 09, 2017

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

Ethelston Duke Expediting LLC

Articles of Amendment – Articles of Organization

Dear Sir or Madam -

Enclosed please find for processing the Articles of Amendment to the Articles of Organization of Ethelston Duke Expediting LLC. Note there is a name change to Our Hearth In Our Hands Extend To Help You LLC, a street name (typo) to Bonnie **Brae** Circle, and finally an addition of two (2) Managers — Ethelston Duke and Glen Campbell. Kindly process this in the usual manner. The \$25.00 filing fee for same is included as well.

Please do not hesitate to contact me directly should you have any questions or concerns. Thank you for your assistance in this regard.

Sincerely.

nn Malonev

The FirstUSA Business Development Team

(813) 863-9059 (direct line) lynn@businessoneinc.com

Enclosure

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ethelston Duke Expediting LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L16000113088	were filed on June 10, 2016 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:
Our Heart In Our Hands Extend To Help You LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5213 Bonnie Brae Circle
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32808
Enter new mailing address, if applicable:	5213 Bonnie Brae Circle
Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32808
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
	1. 10 10 10 10 10 10 10 10 10 10 10 10 10 1
Name of New Registered Agent:	
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 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>	Address	Type of Action
MGR	Ethelston Duke	5213 Bonnie Brae Circle	
		Orlando, FL 32808	□ Remove
			□ Change
MGR Glen Campbell	Glen Campbell	338 Atlantic Avenue, Suite 201	
		Brooklyn, NY 11201	Remove
			Change
			□ Add
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E. Effecti	ve date, if other than the date of filing:(optional)
Note:	ective 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)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the rec b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	31st December, 2016.
	Luda Dute
	Signature of a member or authorized representative of a member
	Lynda Duke
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00