L16000231759

	(Requestor's Name)
	(Address)
<u> </u>	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

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CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COP	Υ
	РНОТОСОРУ	
:	CUS	CERTIFICATE OF STATUS
:	FILING	Amendment
N	O HELP NO FAVO	ORS LLC
(C	ORPORATE NAME AND	DOCUMENT #)
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COVER LETTER

TO: Registration : Division of Co			
NO HELI	P NO FAVORS LLC		
SOBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles of	f Amendment and fec(s) are sul	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Linder, Judah		
	····	Name of Person	
	NO HELP NO FAVORS	LLC	
		Firm/Company	
	20390 NW 36TH CT		
	· -	Address	
	MIAMI GARDENS, FL 3	3056	
	LINDERHIDAHOGAIAH	City/State and Zip Code	
	LINDERJUDAH@GMAIL	(to be used for future annual report notific	
For further information	concerning this matter, please c		cation)
Linder, Judah		786 389-4967	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 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

NO HELP NO FAVORS LLC		
(Name of the Limited 1	iability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 12/27/2016	and assigned
Florida document number L16000231759	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		232 A()
		A
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:	· · · ·
V 50 D 1	· 	ge El Hill
Name of New Registered Agent:		
New Registered Office Address:		- *
	Enter Florida street address	
_	, Florida	
	City	Zin 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	ISRAEL LINDER		5
		20200 NW 2771 CT	
		20390 NW 36TH CT MIAMI GARDENS, FL 33056	Remove
			Change
MGR	HOWARD R HARVEY		
		20202 2001 2000	L Add
		20390 NW 36TH CT MIAMI GARDENS, FL 33056	Remove
			Change
MGR	JUDAH LINDER	20390 NW 36TH CT MIAMI GARDENS, FL 33056	
			🗆 Remove
			Change
			Remove
		·	Change
			D Add
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Effective date If an effective date	, if other than the	date of filing: t be specific and ca	annot be prior to d	ate of filing or more	than 90 days after f	nal) iling.) Pursuant to 605.0201
Note: If the da	te inserted in this blo ective date on the De	ock does not me	et the applicable	statutory filing re	quirements, this	date will not be listed as
document 5 cm	cetive date on the De	partment of Sta	te s records.			
he record sh	ecifies a delayed	effective da	te hut not a	a effective tim	o at 12:01 a	m. on the earlier o
The 90th d	ay after the reco	ord is filed.	te, but not a	r enective tim	e, at 12.01 a.	m. on the earlier o
Dated	291H ————————————————————————————————————		2020			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00