L17 000 184974

(Requestor's Name)
(Address)
(Address)
(*
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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October 18, 2017

JAYNA SUTHERLAND 5256 PEBBLE BEACH BLVD WINTER HAVEN, FL 33884

SUBJECT: HOME HELPERS MID-FLORIDA, LLC

Ref. Number: L17000184974

We have received your document for HOME HELPERS MID-FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 717A00021089

Yasemin Y Sulker Regulatory Specialist II

1 NOV -6 PA PE 50

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Home Helpers Mid-Florida LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L17000184974	were filed on August 30, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	\$546 Palm Parkway
(Principal office address MUST BE A STREET ADDRESS)	# 501
	orlando, Fl 32836
Enter new mailing address, if applicable:	8546 Palm Parkway
(Mailing address MAY BE A POST OFFICE BOX)	# 501
	Oplando FL 32836
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the ne</u> e:
Name of New Registered Agent:	
New Registered Office Address:	7 —— X
	Enter Florida street address Florida
Yang Baring at the same	City - Zip Gode
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>
hereby accept the appointment as registered open and agra-	to to got by this and in the same in the s

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
			□ Add
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ctive date, if other than the date of filing:	_ (optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d	lays after filing.)	Pursuant to 605.0
If the date inserted in this block does not meet the applicable statutory filing requirement is effective date on the Department of State's records.	ents, this date v	all not be listed
ecord specifies a delayed effective date, but not an effective time, at 1°	2·01 am n	n the earlier
ne 90th day after the record is filed.	2.01 0.111. 0	ii did camer
d November 3. 2017.		
Source Standard and Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00