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	covî	ER LETTER	
TO: Registration Section Division of Corporations			
Home Helpers Mid-F SUBJECT:			
SUBJECT:	Name of Limited Liabi	ility Company	
	, I		
The enclosed Articles of Amendme	nt and fee(s) are submitted fo	or filing.	
Please return all correspondence co	ncerning this matter to the fo	llowing:	
Jayna	Sutherland		
	N:	ame of Person	
	, ' , ' , 1	_	_
		rm/Company	
5256 F	ebble Beach Blvd		
		Address	
Winte	Haven, FL, 33884		
jaynasu	City/St th@gmail.com	late and Zip Code	
<u> </u>	1 1	I for future annual report not	ification)
For further information concerning	his matter, please call:		
Jayna Sutherland		650 305-0124	
Name of Person	a	Area Code Daytim	ne Telephone Number
Enclosed is a check for the followin			
	tificate of Status C	5.00 Filing Fee & fertified Copy dditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Home Helpers Mid-Florida LLC		
(Name of the Limited Liabili	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company 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 lim	ited liability company here:	
Sutherland Services LLC		
The new name must be distinguishable and contain the words "Lim	nited 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 ADDR	RESS)	
ì	·	
Enter new mailing address, if applicable:		•
(Mailing address MAY BE A POST OFFICE BOX)		
1		
B. If amending the registered agent and/or regis		nter the name of the new
registered agent and/or the new registered office add	ress here:	
		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
	City	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and caccept the obligations of my position as registered agent being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, and t gent as provided for in Chapter 605, F.S ed office address. I hereby confirm that t	am familiar with and i. Or, if this document is the limited liability
·	If Changing Registered Agent, Signature of N	ew Registered Agent

or removed	from our records:	rized to manage, enter the title, name,	, and address of each person being ac
MGR = Manager AMBR = Authorized Member			
<u> </u>	<u>Name</u>	Address	Type of Action
			Add
		<u> </u>	
			Change
			
			Change
			□ Add
			Remove
			Change
			Add
			Remove
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		·	Add
			Remove
			☐ Change
			□ Add
		· ————————————————————————————————————	Remove

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_ Change

r ame	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effi <u>ote:</u>	e date, if other than the date of filing:
rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ated _	November 17 11 2017.
	daysa Dollo & land
	Signature of a member or authorized representative of a member
	Signature it a member or authorized representative of a member

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Filing Fee: \$25.00