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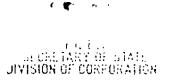
22 HAY 23 AM 9: 49

T. MATTHEWS
JUL 26 2022

COVER LETTER

TO: Registration So Division of Cor				
Patio Help,				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Clendon Hartshorn			
	Name of Person			
Patio Help. LLC				
	Firm/Company			
	PO Box 564			
		Address		
	Flagler Beach, FL 32136			
	clendonkh@yahoo.com	City/State and Zip Code		
		to be used for future annual report noti	fication)	
For further information of	oncerning this matter, please c	all:		
Clendon Hartshorn		.386 .585-0429 .at ()		
Name o	of Person	Area Code Daytin	e Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration : Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

Patio Help, LLC	22 MAY 23 AM 9 : 49
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000 1873 40</u>	were filed on September 1, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	iv Company," the designation "L.L.C." 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)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida

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.

City

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
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
		□ Change	
			□Add
		□Remove	
		-	□Change
			□Add
		□Remove	
		□Change	
			□Remove
			□ Change

Typed or printed name of signee