

**L17000222451**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

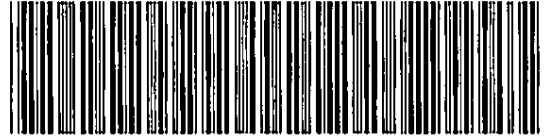
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FBI LAW ENFORCEMENT DIVISION

J. SIMMONS  
SEP 11 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HELPING HANDS FOR BELLA SERVICES LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT E. SHUMATE  
Name of Person

HELPING HANDS FOR BELLA SERVICES LLC  
Firm/Company

10 CAREY AVENUE  
Address

PENSACOLA FLORIDA 32506  
City/State and Zip Code

shell1672@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT E. SHUMATE at (850) 208-5681  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

HELPING HANDS FOR BELLA SERVICES LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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>       | <u>Address</u>          | <u>Type of Action</u>                   |
|--------------|-------------------|-------------------------|---|
| MGR          | JUSTIN A. SHUMATE | 10 CAREY AVENUE         | <input checked="" type="checkbox"/> Add |
|              |                   | PENSACOLA FLORIDA 32506 | <input type="checkbox"/> Remove         |
|              |                   |                         | <input type="checkbox"/> Change         |
|              |                   |                         | <input type="checkbox"/> Add            |
|              |                   |                         | <input type="checkbox"/> Remove         |
|              |                   |                         | <input type="checkbox"/> Change         |
|              |                   |                         | <input type="checkbox"/> Add            |
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Robert E. Hest  
Signature of a member or authorized representative of a member

Typed or printed name of signee