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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	
Shell 1172@gmail.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ROBERT E. SHUMTE at (850) 208-5681 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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

	ability Company as it now appears on our orda Limited Liability Company)	r records.)
(A Flo	orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on OCTOBE	R 26, 2017 and assigned
Florida document number L 17000 22245	<u></u> .	
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	'Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		8 7
(Principal office address MUST BE A STREET AD	ODRESS)	
		30
Pater and the address of an inches		4
Enter new maning address, if applicable. (Mailing address MAY BE A POST OF STEE BOX)		77
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B. If amending the registered agent and/or re registered agent and/or the new registered office a	<u> </u>	records, enter the name of the nev
	······································	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	Citv	, Florida Zip Code
	City	zip Coae

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>	<u>Address</u>	Type of Action
MGR	JUSTIN A. SHUMATE	10 CAREY AVENUE	Add
		PENSACOU FLORIDA 3250	26 □ Remove
			Change
			Remove
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Filing Fee: \$25.00