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COVER LETTER

TO:	Registration Se Division of Cor			
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SUBJI	ECT:		ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
Name of Limited Earbility Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Nifian Barrera Name of Person Helping Hands Of Florida Firm-Company 15377 Sw 8Th Ln Address Miami Fl 33194 City/State and Zip Code Nifianbarrera@ outlook.com 1:-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nifian Barrera 305 978-1305 Area Code Daytine Telephone Number				
		Division of Corporations Helping Hands Of Florida LLC T: Name of Limited Lability Company osed Articles of Amendment and fee(s) are submitted for filing. sturn all correspondence concerning this matter to the following: Nilian Barrera Name of Ferson Helping Hands Of Hovida Firm:Company 15377 Sw 8Th Ln Address Miami Fl 33194 Silianbarrera@ outlook.com Femali address: (to be used for future annual report notification) ser information concerning this matter, please call: lattera 305 978-1305 at (
		15377 Sw 8Th Ln	Firm/Company	
		Miami El 33194	Address	
		Nilianbarrera@ outlook.com	City/State and Zip Code	
		E-mail address; (to be used for future annual report notal	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Nilian	ther information concerning this matter, please call: Barrera 305 978-1305			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
≅ \$2.	5,00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

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 address on our records, enter the name of	Helping Hands Of Florida LLC			
Florida document number	(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ay as it now appears on our records.) ability Company)		
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 designation "LLC" or the abbreviation "LLC" 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 address on our records, enter the name of	The Articles of Organization for this Limited Liability Company $\frac{1.18000161591}{\text{Lorida document number}}.$	were filed on and assign	ned	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 address on our records, enter the name of	This amendment is submitted to amend the following:			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 15377 SW 8TH LN 15377 SW 8TH LN	A. If amending name, enter the new name of the limited liab	lity company here:		
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Enter new 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 address on our records, enter the name of	he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C" or the abbreviation "L.L.C		
Enter new mailing address, if applicable: MIAMI FL 33194	Enter new principal offices address, if applicables	15377 SW 8TH LN		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of	• • •	MIAMI FL 33194		
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of</u>	`	MIAMI FL 33194		
	Mining and CSS BIAT DIZAT (CST (ATTRIL) DIZAT	,,,,,,,,,, -		
Name of New Registered Agent:	registered agent and/or the new registered office address here		<u>the</u>	
New Registered Office Address: Enter Florida street address	New Registered Office Address:			
		, Florida City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	New Revistered Agent's Signature, if changing Registered Agents	ray Coac		
	cept the obligations of my position as registered agent as p ing filed to merely reflect a change in the registered office	rovided for in Chapter 605, F.S. Or, if this do $oldsymbol{\Box}$ me		
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume is in the limited liability of the company has been notified in writing of this change.	H Chan	ning Registered Agent Singature of New Registered Agent	-35:	

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> P	<u>Name</u> Nilian Barrera	Address 15377 SW 8TH LN MIAMUFL	Type of Action
		33194	D Add
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VP	Jean P vidamet	33194	
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fective date, if other in effective date is listed, if ote: If the date inserted ocument's effective date	he date must be specifi I in this block does :	c and cannot be pr not meet the app	ior to date of filing of licable statutory fi	more than 90 days after	er filing.) Pursuant to	
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Typed or printed name of signee

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