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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	<u> </u>
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
}		

Office Use Only



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SECRETARY OF CORROLA

SEC

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COVER LETTER

SUBJECT: Lam	Ar & Pis	Helping Har	ids LLC
The enclosed Articles of Ar	nendment and fee(s) are subm	itted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	Larrioynn	Name of Person	
		Firm/Company	
	922 Cromi	lion ct. APt.	<u>C</u>
	Tampa FL	. 33605 City/State and Zip Code	
		be used for future annual report notification	on)
For further information con	cerning this matter, please call	l:	
Larrioyna Name of P	Singer	at (S13) 970 - Area Code Daytime Tele	2710 ephone Number
Enclosed is a check for the	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 Section Division of Corporations

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

FILED

(
Lamar & PUS Helpina Hand 35 PEC6
(Name of the Limited Liability Company as It now appears on our records.) (A Florida Limited Liability Company)
MALLAHASSEE, FLORIEIA
The Articles of Organization for this Limited Liability Company were filed onand assigned
Plorida document number <u>L 18000 210 353</u>
Torrida document manner:
his amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Lamar and PJS HelPing HandS LLC. The new name must be distinguishable and contain the words "Limited 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 ADDRESS)
Enter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our records, enter the name of the
egistered agent and/or the new registered office address here:
Name of New Registered Agent:
Name of New Registered Agent.
New Registered Office Address:
Enter Florida street address
, Florida
City Zin Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
 			Add
			□ Remove
			☐ Change
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ote:	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the earlier of 90th day after the record is filed.
ated _	3/18/19/March 18. 2019
	Signature of a member for authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00