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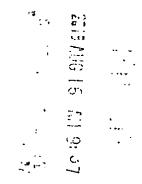
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COVER LETTER

SUBJECT: ZDC	BOUL E	NTEPTOINMEN ed Liability Company	1			
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.				
Please return all correspond	lence concerning this matter to	the following:				
	Christo	pher ESt-cra Name of Person				
		Firm/Company				
	977-CY	Address Harby	Drive			
Glosonton, Fl 33534						
Christopherestera Vahob Om E-mail address: (to be used for future funual report notification)						
For further information cor	neerning this matter, please cal	II:				
Ch21Stop	her Estera	$\frac{4}{4}$ at $\frac{8}{8}$ Area Code Daytime Tel	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:

. . .

TO:

Registration Section Division of Corporations

> 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

ZOC BOCK ENTER Compation (A Florida Limited L.	ay as it now appears on our records.)	<u></u>
The Articles of Organization for this Limited Liability Company Florida document number 1800 218932	were filed on 9 14 20 18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil A Helping Hand Moving Of the new name must be distinguishable and contain the words. Limited Liability	nd Detailing,	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	9717 (ypress H	arbor Drive 33534
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9717 (Upress Olbsombon IFI -	Harber Drive 33534
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	' 	er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
New Registered Agent's Signature, if changing Registered Agent:	, Florida _	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I an provided for in Chapter 605, F.S. G	n familiar with and Or, if this document is

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
			□ Remove
			☐ Change
			🗅 Add
			☐ Remove
			□ Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change

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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea (b) The 90th day after the record is filed.	rlier of:
Dated	
Signature of a member or authorized representative of a member	-
Christopher Ester	-

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Filing Fee: \$25.00