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(Re	equestor's Name)
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	ime)
(Do	ocument Numbe	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

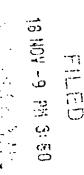
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COVER LETTER

TO:	Registration Se Division of Cor			
CHDI		HAND REALTY, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		LESLEY C. COOK		
			Name of Person	
		HELPING HAND REALT	TY, LLC	
			Firm/Company	
		51 BRIAN AVE. SOUTH,	, SUITE I	
			Address	
		LEHIGH ACRES, FL 336	976	
			City/State and Zip Code	
		ccook4realty@aol.com		/
		E-mail address: (to be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please co	all:	
LESL	EY C. COOK		239 398-9565	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
			·	·
Enclos	ed is a check for th	ne following amount:		
₽ \$ 2	5.00 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 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

(Name of the Limited Liability Com (A Florida Limit	npany as it now appears on our records. ed Liability Company))
The Articles of Organization for this Limited Liability Comparation document number L18000249887	ny were filed on 10/24/2018	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
ne new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC"	or the abbreviation "I_I_C."
nter new principal offices address, if applicable:		Gar 👼
Principal office address MUST BE A STREET ADDRESS)		<u></u> <u>75</u>
		- m
nter new mailing address, if applicable:		1 P B
Aailing address MAY BE A POST OFFICE BOX)		- : 3 -
. If amending the registered agent and/or registered gistered agent and/or the new registered office address h		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

HELPING HAND REALTY LLC

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:

or remove	<u>ea irom our</u>	<u>recoras</u> :			
	2.2				
MGR =	Manager				
AMBR =	Authorized	Member			

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DARRELL D	51 BRIAN AVENUE SOUTH SUITE 1 LEHIGH ACRES FL	
		 -	■ Remove
			Change
			☐ Remove
			□ Change
		- <u></u>	D Add
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ecti	ve date, if other than the date of filing: (optional)
effe	ective 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 605.020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	and a circulate date on the Department of State S records.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
ne	90th day after the record is filed.
•	NOVEMBER 5 / 2018
ed_	NOVEMBER 5 2018
	Xally (aat
/	Signature of a member or authorized representative of a member
1	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00