

L1900000 9246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

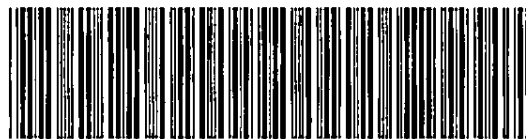
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300325983253

US/15/19--01007--016 \*\*25.00

FILED  
2019 MAR 15 P 1:39  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

MAR 26 2019  
T. LEMIEUX

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HELP ME! MULTI SERVICES**

\_\_\_\_\_  
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:

ROSE P CORIOLAN

\_\_\_\_\_  
Name of Person

HELP ME! MULTI SERVICES

\_\_\_\_\_  
Firm/Company

1045 NW 124TH ST

\_\_\_\_\_  
Address

NORTH MIAMI, FL. 33168

\_\_\_\_\_  
City/State and Zip Code

roseccorolan@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSE P CORIOLAN

305 308-2337  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**FILED**

HELP ME! MULTI SERVICES

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019 MAR 15 P 1:39

CLERK OF THE  
TALLAHASSEE COUNTY

The Articles of Organization for this Limited Liability Company were filed on 1/7/2019

and assigned

Florida document number L19000009246

This amendment is submitted to amend the following:

**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 "L.L.C."

Enter new principal offices address, if applicable:

1045 NW 124TH ST

(Principal office address MUST BE A STREET ADDRESS)

NORTH MIAMI, FL. 33168

Enter new mailing address, if applicable:

1045 NW 124TH ST

(Mailing address MAY BE A POST OFFICE BOX)

NORTH MIAMI, FL. 33168

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip 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  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JEAN DUMOND	130 Seminole Lakes Dr	<input type="checkbox"/> Add
		Royal Palm Beach, FL 33411	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	YVETO A. NONEZ	18801 NE 3RD CT APT #734	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOAN THEBAUD	2975 W. Commercial Boulevard	<input checked="" type="checkbox"/> Add
		Fort Lauderdale FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	COUTCHARD POINT DU JOUR	1045 NW 124TH ST	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FL. 33168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee