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SEP 2 1 2020 S. YOUNG

COVERLETTER

Div	ision of Cor	porations				
SUBJECT:		elping Hands LLC	•			
	Name of Limited Liability Company					
The enclosed	f Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		;	Marie Joseph			
			Name of Person			
			Firm/Company			
9101 W Riverchase dr.						
			Address			
		Tampa fl 33637				
		josephmarie1968@yahoo.co	City/State and Zip Code			
		E-mail address: (to be used for future annual report noti	fication)		
For further in	oformation co	oncerning this matter, please ca	all:			
	Marie .	Joseph	813 445-9226 at ()			
	Name of	Person		e Telephone Number		
Enclosed is a	check for the	e following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ling Address		Street Address: Registration Sec	ction		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Glorious Helping Hands LLC		records:)
(Name of the Limit	ed Liability Company as it now appears on our (A Florida Limited Liability Company)	records:)
	(A Florida Limited Liability Company)	
		in w
The Articles of Organization for this Limited Li	ability Company were filed on 69700/2019	and assigned
Florida document number L9000225752		286
		
This amendment is submitted to amend the following	owing:	High o
A. If amending name, enter the new name of	the limited liability company here:	
A. It amending hame, enter the new hame of	the minted hability company here.	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
		-
Enter new mailing address, if applicable:		
•		
(Mailing address MAY BE A POST OFFICE)	<u></u>	
B. If amending the registered agent and/or r	egistered office address on our records,	enter the name of the new regist
agent and/or the new registered office addres	• •	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	adaress
		, Florida
	Circ	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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Ambr.mg	Marie Joseph	9101 W Riverchase dr tampa fl 33637	<u></u> ≡ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□ Add

_____ 🗀 Remove

ar ainc	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effe <u>Note:</u>	we date, if other than the date of filing:
e record rd is fil	I 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 ed.
Dated _.	7-29-20
	Signature of a member stauthofized representative of a member
	Typed or printed name of signee