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SECRETARY OF STATE FALLAHASSFE, FLORIDA

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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

HAYTASI SUBJECT:	NGH HELPING HEROES LL	C	
SUBJECT:	Name of Lim	ited Liability Company	
•	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
<u>;</u>	Erik Arroyo		
•	<del></del>	Name of Person	
	Band, Gates & Dramis, P.	•	
	•	Firm/Company	
	2070 Ringling Blvd		
l		Address	
	Sarasota, Fl 34237		
		City/State and Zip Code	
	earroyo@bandgatesdramis.		<del>7,4</del>
For further information of	e-mail address: ( concerning this matter, please c	to be used for future annual report not all:	incation)
Erik Arroyo	, , , , , , , , , , , , , , , , , , , ,	941 3668010	
•	of Person	at () Area Code Daytin	ne Telephone Number
		·	·
Enclosed is a check for t	he 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 enclose
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632	27	The Centre of	<b>F</b> allahassee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAYTASINGH HELPING HEROS LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Jability Company)	_
The Articles of Organization for this Limited Liability Company	were filed on 02/28/2020 and	l assigned
Florida document number 1.20000066798		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
HAYTASINGH HELPING HEROES LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:		<b></b>
(Principal office address MUST BE A STREET ADDRESS)	ب رے ہ	
		Ε >- ₩
	SSC SC	) )
Enter new mailing address, if applicable:	716	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	0.5	*
	<u> </u>	<del></del>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the name of the	new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Co	ode
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

Title	<u>Name</u>	Address	Type of Action
; } {			
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Filing Fee: \$25.00