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(Ri	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Name	e)
	ocument Number)	
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
· <u> </u>		



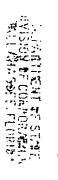


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RECENTED Jul 2 4 2000

SEP 11 2020 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lending A Helping Hand
The enclosed Articles of Amendment and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Tonga Perse Podgers
Lending A Helping Hand Firm/Company
7401 Palm Hills Driver
Sox, M. 32244 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tory Polyers at Code 528-8574 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status 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 Address:
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

	Nico-1	820 17
(Name of the Limited Liability Compan	iylas it now appears on our record	N
(A Florida Limited)	isbility Company)) 3 CO
The Articles of Organization for this Limited Liability Company	were filed on 7 22	2020 and assigned
Florida document number 618000116689		2
This amendment is submitted to amend the following:		, <u>C</u>
A. If amending name, enter the new name of the limited liabi	lity company here:	
Care, above, Measur	te L.L.C	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1401 Palm	Hills DR
(Principal office address MUST BE A STREET ADDRESS)	Sacksonville	. H. 32244
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
	·	
New Registered Office Address:	Enter Florida street addres	X.
	TOTAL TOTAL STEEL SHOW CO	~
	, Flo	orida 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>	Name	Address	Type of Action
			🛮 Add
			∐Remove
			[] Change
			JAdd
			IRemove
			[]Change
			□Add
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			□Remove
			Char

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
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lote: If the date inserted in this block does not meet the applicable statutory trining requirements, this date with not occurrent's effective date on the Department of State's records. 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 date of the filled.		
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Signature of a member or authorized representative of a member		an Made
		som hence theyers
1 1E : W.S. P. W. P. P. P. S.		Signature of a member or authorized representative of a member