120000091528

(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies
Special Instructions to Filing Officer:
<u> </u>

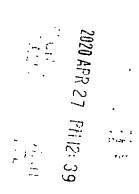
Office Use Only



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04/28/20--01006--029 **25.00

RECENTED ARREST ELL



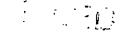
... CNS

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	SC Helpin Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mayle 1	Name of Person	
	+lox He	Fin Company	
	EI 60 0711	34 Avil Address	
	Granis F	City/State and Zip Code	
	may easab	obe used for future annual report notice	fication)
For further information g	oncerning this matter, please co	all:	
Name of	Person	at (Alea Code) Daytime	- 55 \ \ \ \ c Telephone Number
Enclosed is a check for th	se following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	_	Street Address:	
Registration S Division of Co		Registration Sec Division of Corp	
P.O. Box 632	7	The Centre of T	
Tallahassee, F	FL 32314	2415 N. Monroe	2 Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ABC Helding	Hands LL (2020 APR 27 PH 12: 39
(<u>Name of the Lighted Ligh</u> (A-Plot	pility Company as it now appears on our Fecords.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L200009152</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD)	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registered</u>
and the new registered white address here	•
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City 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 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 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 2020 APR 27 PHTypsof Action Title Address 170 WW 134 Me: BAW 5HI _____ Change □ Remove □Add _____ □Remove □Remove _____ Change _____ □Remove _____ Change

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	WZU APR	77.5
	2020 APR 2	'
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ective date, if other than the date of filing:	(optional) filing or more than 90 days after filing.) Pur	suant to 605 0
e: If the date inserted in this block does not meet the applicable statu	tory filing requirements, this date will	not be listed
ument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 12 if filed.	:01 a.m. on the earlier of: (b) The 90	th day after th
\ \		
19 Dri-50/50 bi		
10 01 20 C		
Signature of a perhiber of suphorized repri	esentative of a member	_