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## **COVER LETTER**

TO:	Registration S Division of Co									
erm n	ድረጥ.	Home	e With Help LLC							
SUBJI	.c.:	Name of Lim	ited Liability Company							
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.							
Please	return all correspo	ondence concerning this matter	to the following:							
			Amanda Hale							
			Name of Person							
Home With Help LLC Firm/Company										
		148 South Ridgewood Ave, STE C Address								
			Address							
		Daytona Bea	ch, FL 32114							
			City/State and Zip Code							
		E-mail address: (	panionCare@Gmail.Com to be used for future annual report not	fication)						
For fur	ther information c	concerning this matter, please ca	all:							
	Amanda	a Hale	at ( 386 ) 457-240	)3						
	Name c	of Person		e Telephone Number						
Enclos	ed is a check for t	he following amount:								
<b>(X</b> ) \$2:	5.00 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 enclosed)						
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:						

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Home With He	elp LLC	2328 r	13 PH 3: 23			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I		on our records.)				
The Articles of Organization for this Limited Liability Company	were filed on <u>04</u> .	/02/2020	and assigned			
Florida document number <u>L20000095706</u> .						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company hero	<u>e</u> :				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the des	ignation "LLC" or	the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	148 South Ridgewood Ave, STE C.					
Principal office address MUST BE A STREET ADDRESS)	Daytona Beach, FL 32114					
Enter new mailing address, if applicable:	148 South F	Ridgewood A	ve, STE C,			
Mailing address MAY BE A POST OFFICE BOX)	Daytona Beach, FL 32114					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>er</u>	nter the name of the ne			
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florid	a street address				
		, Florid	a			
	City		Ziv 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

Zip Code

· 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>	Address	Type of Action
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Typed or printed name of signee

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