L2000 127564

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COVER LETTER

TO: Registration of Division of	on Section f Corporations		
Help T	The Living LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
	Marc Moser		
		Name of Person	
		Firm/Company	
	2451 N McMullen Booth	Rd Ste 306	
		Address	
	Clearwater, FL 33759		
	marcmoser@mailfence.com	City/State and Zip Code	
	_	(to be used for future annual report notif	ication)
For further informati	on concerning this matter, please c	all:	
Marc Moser		813 263-3425 at ()	
Na	me of Person	Area Code Daytime	Telephone Number
Enclosed is a check f	for the following amount:		
■ \$25.00 Filing Fe	e S30.00 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)
Mailing Ad		Street Address:	
	on Section	Registration Sect	
Division	of Cornerations	Division of Com	

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

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

FILED

2024 APR -2 PM 4: 52

Help The Living LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 5/11/2020 and assigned Florida document number L20000127564 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rocket Financial LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida __ 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>	<u>Name</u>	Address	Type of Action
	 -		□Add
			Remove
			□Change
			□ Add
			□Remove
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<u>te:</u> If th	ie date inserted i	nan the date of f date must be specifi n this block does n on the Department	not meet the appl	icable statutory f	or more than 90 da filing requiremen	(optional) ys after filing.) Purints, this date will	suant to 605.0207 not be listed as
cord spe s filed.	ecifies a delayed	effective date, but	not an effective	time, at 12:01 a.	m. on the earlier	r of: (b) The 90t	h day after the
Mar ed	rch 21		2024	·			
		Tun	11/1	>			
-	/_	/ Signature	of a member or aut	horized representa	tive of a member		
	./	anaging Member					

Filing Fee: \$25.00