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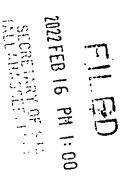
(Requestor's Name)
	Address)
	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
	Document Number)
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Special Instructions	to Filing Officer:
J. HOI	RNE
FEB 2	5 2022

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co		•	
HALO SE	NIOR HELPERS LLC	e a	•
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter	_	
	Lisa McCutcheon		
		Name of Person	
		Firm/Company	
	4278 Mayfair Lane		
	Port Orange, FL 32129	Address	
	LivingLifeCoastal@gmail.c E-mail address: (City/State and Zip Code com to be used for future annual report no	titication)
For further information	concerning this matter, please c	all:	
Matthew McCutcheon		386 316-1199 at ()	
Name (of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Co	orporations
P.O. Box 633	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB 16 PM 1: 01

HALO SENIOR HELPERS LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	pany were filed on 5/21/2020	and assigned
Florida document number L20000138264		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
Halo Helpers LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	2" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ss
	, F	lorida Zip Code
	City	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 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
MGR	Matthew McCutcheon	4278 Mayfair Lane	
		Port Orange, FL 32129	≅ Remove
			□ Change
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
 -			□Add
			□Remove
			Change
			Add
		<u> </u>	□Remove
			□Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
reffecti t <u>e:</u> If t	date, if other than the date of filing:	
cord s filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
ed	2/13/22	
	2	
	Signature of a member or authorized representative of a member	
	Mathew Matheway Typed or printed name of signee	