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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone : (813)435-3176

Fax Number

: (813)333-6358

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HELPFULHOMEHEROS, LLC

Certificate of Status	0
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S. YOUNG

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## ARTICLES OF AMENDMENT

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H2000023777113	ARTICLES OF C	RGANIZATION	· 22
1120000111111	O	F	920
HELPFULHOMEHER	IOS, LLC		A 1 No Indian
(Sam)	e of the Limited Liability Compa	ny as it now appears on our records.) Liability Company)	
			P
The Articles of Organization for thi	s Limited Liability Company	were filed on	and assigned,
Florida document number L200001	85822		6 1
This amendment is submitted to am			
This amendment is subtiffeed to an	end are tonowing.		
A. If amending name, enter the n	ew name of the limited liab	oility company here:	
The new name must be distinguishable and	contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7875 NW 57TH ST	
• •	· · · · · · · · · · · · · · · · · · ·	# 2607B	
(Principal office address MUST BE A STREET ADDRESS	ON BINCES PRODUCES	TAMARAC, FL 33351-9998	
Enter new mailing address, if applicable:		7875 NW 57TH ST	
(Malling address MAY BE A POST OFFICE BOX)		# 26078	
		TAMARAC, FL 33351-9998	
B. If amending the registered age	ent and/or registered office	address on our records, enter the	e name of the new registered
agent and/or the new registered o		•	
Name of New Registered	Agent:		
New Registered Office Ac	Idress:	Enter Florida street address	
		·	
		, Flori	da

## 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.

City

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> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	MICHAEL LITTLE	7875 NW 57TH ST	□Add
<u></u>		# 26078	
		TAMARAC, Fl. 33351-9998	■Change
			□Add
			□Remove
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in this	is block does not meet the app	olicable statutory filing requ	(optional) an 90 days after filing.) Pursuant to 605.020 uirements, this date will not be listed a
document's effective date on th	etive date, but not an effective	e time, at 12:01 a.m. on the	e earlier of: (b) The 90th day after the
document's effective date on th	ective date, but not an effective	e time, at 12:01 a.m. on the	e earlier of: (b) The 90th day after the
document's effective date on the	ective date, but not an effective	e time, at 12:01 a.m. on the	e earlier of: (b) The 90th day after the
document's effective date on the record specifies a delayed effect ord is filed.		e time, at 12:01 a.m. on the	e earlier of: (b) The 90th day after the
document's effective date on the record specifies a delayed effect ord is filed.	, 2020	e time, at 12:01 a.m. on the	
document's effective date on the record specifies a delayed effect ord is filed.  Dated	, 2020	uthor zed representative of a n	

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