

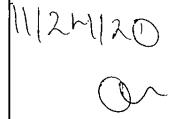
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10/19/20--01026--015 **25.00





COVER LETTER

Division of Corporations	
SUBJECT: Ihelp Florida L	
Name of Limite	d Liability Company
Dear Sir or Madam:	
The enclosed Statement of Correction and fee(s) are submitted fo	r filing.
Please return all correspondence concerning this matter to the fol	lowing:
Folipe Jacone Name of Person	
Thelp Florida LMC Firm/Company	·
2377 NW 160 TERRACE	
Remora Re Pines FL 33 City/State and Zip Code	028
E-mail address: (to be used for future annual report notifica	pegpy 23 a) gmail.com)
For further information concerning this matter, please call:	
Name of Person Area	Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
②\$25 Filing Fee □ \$30 Filing Fee & □\$55 Filing I Certificate of Status Certified C	

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant	to section 605.0209, F.S., this document is being submitted to correct a previous will be cube unem. 14: 38
<u>FIRST</u> :	The name of the limited liability company is: Ihap FloridosFCRETILRY OF STATE TALLARASSET. FL
<u>SECON</u> THIRD	Miliala of Changinglian
₫	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Effective day was wrong. (November 22) effective October 5th
	OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
	The electronic transmission of the record was defective. Conc 10/13/20 Signature of Authorized Representative Date
	e of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign g the designation).
l hereby provisio obligatio	gistered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the as of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the ans of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely change in the registered office address, I hereby confirm that the limited liability company has been notified in writing mange. Registered Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)

CR2E062 (9/15)