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COVER LETTER

Division of Corporations	
SUBJECT: Tellies AC UC	
Name o	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
	ellie Moyvis Name of Person
Tel	Firm/Company
<u> 3353 S</u>	helley St Unit 6 Address
Clean	City/State and Zip Code City/State and Zip Code Compelle 26 @ yahoo Com Sess: (to be used for future annual report notification)
<u> </u>	ess: (to be used for future annual report notification)
For further information concerning this matter, plea	se call:
Danielle Bullock Name of Person	at (121) 813 - 8124 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

[ellies AC icc		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 6000 3 06 8 1 4</u> .	were filed on <u>09/29/2020</u>	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab "Happy To Help Cleaning P The new name must be distinguishable and contain the words "Limited Liabi		abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2353 Shelley St (Init 6
(Principal office address MUST BE A STREET ADDRESS)	Clearwater FL	33765
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	ime of the new registered
Name of New Registered Agent:	NA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
New Registered Office Address:		<u> </u>
	Enter Florida street address	ψ; Σ
	, Florida	·
	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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
		·	□Change
			□Add
	\		Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
ord is fil	
Dated _	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member
	Typed or printed name of signee