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(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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A. BUTLER FEB - 3 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Do it for me holdings LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher Estine Name of Person
Do it for me holdings LLC Firm/Company
100 E Linton Dlud ste 1223
City/State and Zip Code Chris L & Scre Care now - Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chris Estime at (S61) 932 - 7870 Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$30,00 Filing Fee \$ \$55,00 Filing Fee \$ \$60,00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

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

Do it for	me holdings	sulle Com
(Name of the Limited)	Liability Company as it now appears	on our records)
The Articles of Organization for this Limited Liab	ility Company were filed on <u>6</u>	- (0 - 2021 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here	<u>t</u> :
The new name must be distinguishable and contain the word	s "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	2(3)	
B. If amending the registered agent and/or regi agent and/or the new registered office address b		ords, enter the name of the new registered
Name of New Registered Agent.	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florid	a street address
		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 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>	Name	<u>Address</u>	Type of Action
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tive date, if other than fective date is listed, the dat If the date inserted in the nent's effective date on t	e must be specific and car his block does not meet	not be prior to date the applicable sta	of filing or mor	e than 90 days afl	er filing.) Pursuant to
rd specifies a delayed eff iled.	ective date, but not an	effective time, at	12:01 a.m. or	the earlier of:	(b) The 90th day a
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	Christon	her ped or printed name	<u></u>		

Filing Fee: \$25.00