121 000 279658

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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STATE AND SECRETARY

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COVER LETTER

TO:

Mailing Address: Registration Section

P.O. Box 6327

Division of Corporations

	gistration Sec vision of Corp	orations			
SUBJECT:		AAA Priva Name of Lin	te Hired Help nited Liability Company	e, llc	
The enclose	d Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please retur	n all correspon	dence concerning this matter	to the following:		
		877 W Clerm	Name of Person Mak Hired HK/P Firm/Company Minneala Av Address Ont FL 347 City/State and Zip Code	UC 12 # 120711	
		Trucking	City/State and Zip Code	mail Com Est	7021
		E-mail address (City/State and Zip Code Ogain 120/2 e to be used for future annual report of	ottlication)	
For further i	information coi	ncerning this matter, please c	all:	- 15 A	
7em	Was	ers	at (<u>407</u>) <u>821</u> Area Code Davii	-2761	
	Name of I	Person	Area Code Dayti	me Telephone Number	3 7
Enclosed is	a check for the	following amount:			
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enclo	

Street Address: Registration Section

Division of Corporations

The Centre of Tallahassee



August 10, 2021

TERRENCE M WATERS 877 W MINNEOLA AVE #120711 CLERMONT, FL 34711

SUBJECT: AAA PRIVATE HIRED HELP, LLC

Ref. Number: L21000279658

We have received your document for AAA PRIVATE HIRED HELP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder Regulatory Specialist III

Letter Number: 521A00018961

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Com	a. 6/11	12021
The Articles of Organization for this Limited Liability Com	pany were filed on	and assigned
Florida document number <u>L2100027965</u> 2	8 . '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
		2021 SEC TA
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	LLC" or the abbreviation L.L.C.
Enter new principal offices address, if applicable:		20 N
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	SSO TO IT
		ω 💆
		四四 37
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:	fice address on our records, <u>er</u>	iter the name of the new registered
		, to
Name of New Registered Agent:	rence M.Wa.	krs "Owner"
		, 0,000,00
New Registered Office Address:	Enter Florida street aa	ldress
	Server 1 to the life of the	
	City	, Florida 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

Not Skill Walker

Agent

Age

or removed from our records: Owner, Authorized Member

Address

Type of Title Name

Name MGR = Manager Type of Action 877 W. Minneola Ave. Add Clermont FL 34711 - Change hery waters _____ □Change □Add _____ 🗆 Remove _____ □Change _____ ___ __ __ __ __ _Add · □Remove ____ □Change □Add □Remove _____ Change □ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

	We were told having thery waters
	as "Manager" Makes her owner -
	We do not want Chenn' Dwner"
	Chergi wakes is just someone who
	Can sian checks a such
	Tevence M. Waters is the Authorized
	Assat DWALL Managing Member
	We would like his fitte to be
	Unner"
<u> </u>	Cheny waters to Remain Manager only
	Questions DZ Call Kerry nuters
	@ 407-821-2761
·	
-	•
E. Effect	ive date, if other than the date of filing: 7/22/21 (optional)
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docun	nent's effective date on the Department of State's records.
If the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	_ ll
Dated	<u> </u>
	1-1-1-
	Signature of a member or authorized representative of a member
	Terrence Waters
	Typed or printed name of signee