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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate | s of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: Big HE | elpers cleanin | g Services 24C | <u> </u> |
|---|--|--|--|
| | . Marie of Earl | near Date May Company | |
| The enclosed Articles of . | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | TINEKA N EOC | OARDS SCOTT Name of Person | |
| | Big Helpers C | leaning Services L | LC |
| | 9288 W. At | IANTIC BIVD Apt 1 | 1134 |
| | | 9 FL 33071 City/State and Zip Code | |
| | Reliable & big E-mail address: (1 | Lelpers cleaning Ser to be used for future annual report notifie | ration) |
| For further information co | oncerning this matter, please ca | all: | |
| Tineka N Eow Name of | Person | at (<u>347</u>) <u>204</u> 13 Area Code Daytime | 2 // Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F | ection orporations 7 | Street Address: Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL 3 | orations Ilahassee Street, Suite 810 |

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION ARTICLES OF ORGANIZATION

21 JUL 19 PH 1:20

ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company we | re filed on July 15 | and assigned |
|---|--------------------------------|-------------------------------------|
| Florida document number <u>L 21000 28 5302</u> . | / | , |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability | company here: | |
| 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: | | |
| (Principal office address MUST BE A STREET ADDRESS) | _ | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| _ | | |
| B. If amending the registered agent and/or registered office add agent and/or the new registered office address here: | ress on our records, <u>en</u> | iter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street aa | ldress |
| | | . Florida |
| N. D. M. LA W. St. and J. S. L. W. D. March L. W. | Сиу | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per | | |

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> Fitle</u> | <u>Name</u> | Address 21 JUL 19 PM To Da | Type of Action |
|---------------|------------------------|----------------------------|----------------|
| MBR/ | TineKA N ÉQUARDS SCOTT | 9288 W. Atlantic Blvd | DAdd |
| | | APT 1134 | □Remove |
| | | Coral Spring FL. 33071 us | □Change |
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| . If amo | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Effect | ve date, if other than the date of filing: (optional) ective 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)(1) |
| (It an eff | ective 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)(i If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| | ent's effective date on the Department of State's records. |
| | |
| he 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 |
| 0,00 13 11 | |
| Dated | Sulu 15 · 2021 |
| Dated | July 15, 2021 |
| | |
| | Signature of a member or authorized representative of a member |
| | TineHAN EOWARDS SCOTT Typed or printed name of signee |
| | Typed or printed name of signee |