

h21000484869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

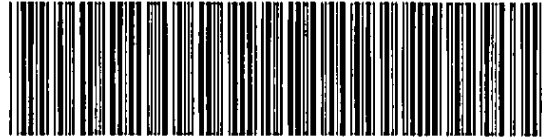
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800390780298

07/18/22--01017--021 **25.00

FILED
2022 JUL 18 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: INTERHELP, 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:

SANTIAGO BOLANOS

Name of Person

INTERHELP, LLC

Firm/Company

698 NE 1st AVENUE, APT 2907

Address

MIAMI, FL 33132

City/State and Zip Code

SANTIAGO@INTECUIO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANTIAGO BOLANOS

561
at ()

539-3898

Name of Person

Area Code

Daytime Telephone Number

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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2022 JUL 18 PM 4:08

**SECRETARY OF STATE
TALLAHASSEE, FL**

INTERHELP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/09/2021 and assigned
Florida document number L21000484869.

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 "LLC."

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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

EXCEL FINANCIAL AND TAX SERVICES

New Registered Office Address:

601 N ASHLEY DR, STE 1100

Enter Florida street address

TAMPA

City

Florida 33602

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SANTIAGO BOLANOS	698 NE 1ST AVENUE	<input type="checkbox"/> Add
		APT 2907	<input type="checkbox"/> Remove
		MIAMI, FL 33132	<input checked="" type="checkbox"/> Change
AMBR	ANDRES FELIPE BENITEZ SAL	698 NE 1ST AVENUE	<input type="checkbox"/> Add
		APT 2907	<input type="checkbox"/> Remove
		MIAMI, FL 33132	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 JUL 18 PM 4:00
SECRET
TALLAHASSEE, FL

2022 JUL 18 PM 4:08
SECRET
TALLAHASSEE FL

החלום

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 29TH OF JUNE, 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00