K21000485023

(Re	questor's Name)	·
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	≥ #)
☐ PICK-UP	☐ WAIT	☐ MAIL
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Certified Copies	_ Certificates	of Status
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T. MATTHEWS JAN 26 2022

COVER LETTER

TO:

	Registration Se Division of Cor			
SUBJEC	Influential	Helpers LLC		
SUDJEC	.1:	Name of Limited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Laurence S. Donahue		
			Name of Person	
		Slingshot, LLC		
			Firm/Company	
		320 Gold Ave. SW Suite 6	520	
			Address	
		Albuquerque, NM 87102		
			City/State and Zip Code	
		FILINGS@L4SB.COM		
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please co	all:	
Laurence	e S. Donahue		505 715-5700 at ()	
	Name o	f Person		e Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25. 6	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 Addres		Street Address:	ction
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
	P.O. Box 632	27	The Centre of T	allahassee
•	Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 JULIE 177 9: 00

Influential Helpers LLC

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

(A Florida Limited L	лаонну Сопрану)	
The Articles of Organization for this Limited Liability Company Florida document number L21000485023	were filed on November 10, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the ab	breviation "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 a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	e of the new registered
	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

<u>Title</u>	Name	Address	Type of Action
AMBR	Beth Silverberg	1140 Linden St., Hollywood FL, 33019	□Add
			Remove
			□ Change
			□ Add
			□Remove
			□Change
		·	□Add
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<u> lote:</u>	we date, if other than the date of filing:
ocum	ent's effective date on the Department of State's records.
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 ed.
ated	January 11th, 2021
	Tout
	Signature of a member or authorized representative of a member
	Signature of a themoer of authorized representative of a member