L22000114670

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COVER LETTER

TO: Registration Section

Div	ision of Cor	porations			
OUR IDOT	Emigrantes	H2A, LLC	.	•	
SUBJECT:	•	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	_		
riease return	i an correspo	ndence concerning this matter	to the following.		
		Jose de Jesus Torres			
			Name of Person		
		Emigrantes H2A, LLC			
			Firm/Company		22 A
		342 Dr JA Wiltshire Ave.			AUG 31
			Address		
		Lake Wales, FL 33853			22 AUG 31 PM 1: 5
		anna.loaiza@gmail.com	City/State and Zip Code		1: 57
		~ -	to be used for future annual report no	tification)	
For further in	nformation co	oncerning this matter, please c	all:		
Jose de Jesu	s Torres		863 236-4706		
	Name of	f Person	Area Code Daytir	me Telephone Number	
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status & y
	iling Address gistration S		Street Address: Registration Se	ection	
Division of Corporations			Division of Co	orporations	
). Box 632 Ilahassee, F		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810	
1.41	iidiidaace, l	1 T C C C C C	7-417 14 (AIO)114	se sheet, suite one	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Emigrantes H2A, LLC	
(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on and assigned
lorida document number L22000114670	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability con	apany here:
elping Hands Harvesting, LLC	
he new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
• • •	
Principal office address MUST BE A STREET ADDRESS)	
	ි නැති යා වෙන
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	P (18.0)
Huning dudress MAT BE A FOST OFFICE BOA)	
	<u></u>
	~ #
. If amending the registered agent and/or registered office address gent and/or the new registered office address here:	on our records, enter the name of the new regist
ent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
City	Zin 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>	Address	Type of Action
MGR	Anna Loaiza	213 Charles Street	
		Frostproof, FL 33843	
			Change
MGR .	Juan M Ramos	1617 Roscland Avenue	
		Sebring, FL 33870	Remove
			□ Change
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			DAdd 22 A Remove
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lf an cff	fective date is liste If the date inse	d, the date must	be specific and	cannot be prior	to date of filing	or more than 90) Pursuant to 60	
	nent's effective					iiiiig requirei	nema, ma date	will not be it.	nea an
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	67/	20/20	1						
Dated		20/20	- CC	$\overline{}$	<				
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Typed or printed name of signee