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(Requestor's Name)	
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SECRETARY OF STATE
TALLAHASSEE EL

Divisi	on of Corpo	orations							
UBJECT:	-	PAULA	HEL	ENA	Mo	RAIS	il	C	•
		Nam	of Limite	d Liability Co	ompany				
he enclosed A	Articles of A	mendment and fee(s)	are subm	itted for filir	ıg.				
lease return ai	il correspond	dence concerning this	matter to	the following	ng:				
			_						
			TAUL!	A DE Name of	MOP Person	44S			
			PAULA	HEA Firm/Co	ÆNA_	MORA	is u	<u></u>	
		3355 NO	13	th Cir.	Dr. =	# 105	Home	estead,	FL
		Homes E-mail	ead,	FL;	- <u>ろろの</u> d Zip Code	<u> </u>	<del>-</del>		
		7	paula	morai:	sbr@	'amail	Cor	n	
		E-mail d	ldress: (to	be used for fu	iture annual	report notific	cation)		
or further info	ormation con	ncerning this matter, p	lease call	:					
7	AULA 1	DE MORAIS		at (3	605 <sub>)</sub>	336	9104		
	Name of P	Person		at ( <u>2</u> Are Or ( =	a Code	Daytime	Telephon	ne Number	
				01 (	1007	Ø14	120	Φ	
		following amount:							
<b>≱</b> \$25.00 Fili	ing Fee	S30.00 Filing Fee Certificate of St		Certific	Filing Fee & cd Copy hal copy is enc			Certified C	of Status &
	ng Address: stration Se	ection			Street Ac	<del>ddress:</del> ation Sect	tion		
Divis	sion of Co				Division	n of Corp	oration		
	Box 6327 hassee, FL	_ 32314				ntre of Ta . Monroe			0

Tallahassee, FL 32303

## IU ARTICLES OF ORGANIZATION **OF**

	HELENA		LIC	
(Name of the Limited ) (A	Liability Company as it no Florida Limited Liability C	ow appears on our re ompany)	ecords.)	
he Articles of Organization for this Limited Liabi lorida document number <u>L220003339</u>		ed on JULY	28 2012	and assigned
his amendment is submitted to amend the following	ing:			
. If amending name, enter the new name of th	e limited liability con	ipany here:		
te new name must be distinguishable and contain the word	s "Limited Liability Compa	any," the designation '	'LLC'' or the abbrev	viation "L.L.C."
nter new principal offices address, if applicable	le:			
Principal office address MUST BE A STREET A	ADDRESS)		<del></del>	
nter new mailing address, if applicable:			-	SECRETOR TALLA
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>			ARY OF S
. If amending the registered agent and/or registered office address h	stered office address onere:	on our records, <u>e</u> i	nter the name o	- A 0
Name of New Registered Agent:				<u>.                                    </u>
New Registered Office Address:		Enter Florida street a	ddress	
-	City:		, Florida	Zip Code
ew Registered Agent's Signature, if changing Reg	istered Agent:			

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ging filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

MGR = Manager

AMBR = Authorized Member

Tille	<u>Name</u>	Address	Type of Action
MGR	Paula de Morais uner!	3365 NE 13th Circle Drive, #105	□Add
ou	uner!	Homestead FL - 33033	□Remove
		USA	Change
			□Remove
			Change
			□Add
			□Remove
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			DAdd
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		<del></del>	Change

<u>First</u>	applying	to LLC	: the	owner's	name
didn't	match u	with th	e SSN	l's nam	e
*I w	ould lik	ie to	change	the	owner's
name	from:	"Paula	Borges	de Mo	orais"
	+0 "	PAULA	Œ	MORAI	5 "
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ffective date is listed, the late inserted		and cannot be prior to it meet the applicab			onal) r filing.) Pursuant to 605.02 is date will not be listed
filed.				on the earlier of: (I	o) The 90th day after th
a Quad	ost 10th	2022  Gaula  a member or authori	that		
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	THE COURSE	-	