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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Neighbors Helping Neighbors- Rossu Name of Limited Liability Company washing	r ~
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Vincent HARRINGTON Name of Person	
Firm/Company	
9545 Honey Sucke D. Address	
City/State and Zip Code	
Jince at Harrington Late om Cast. NET E-mail address: (10 be used for future annual report notification)	
For further information concerning this matter, please call:	
Judgent Haraington at (772) 918 41720 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certificate Opy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate Opy (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**

NEIGHBORS HELDING NEIGHBORS DRESSURE WASHING AND SURFACE

(Name of the Limited Liability Compa (A Florida Limited I The Articles of Organization for this Limited Liability Company	Liability Company)
The Articles of Organization for this Limited Fighility Company	Circle of Company and assumed
Florida document number 1 22000336.28	o 0
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9545 Honey SJCK DR.
(Principal office address MUST BE A STREET ADDRESS)	9545 HONCY SUCK DR. SEBASTIAN, Ft 32976
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered .
Name of New Registered Agent:	THOmesource DR.
New Registered Office Address: Q549	Enter Florith street address
SEBA	STIAN Florida 32976
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 pròvisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accepi'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>	<u>Name</u>	Address	Type of Action
<u>mbr</u>	Jideen HARRINGTON	9545 HONEY SUCICLOR. SEBASTIAN, FL 32976	□Add
		SEBASTIAN, FL 32976	□Remove
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cord sp	oecifies a o	ielayed eff	ective date	e, but not	an effect	tive time,	at 12:01	a.m. on t	he carlic	r of: (b)	The 90t	h day after	rth

Signature of a member or authorized representative of a member