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COVER LETTER

TO: Registration So Division of Cor			
	CTRIC LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Rodrigo Montano		
		Name of Person	
	Help Electric LLC		
		Firm/Company	
	7815 Regal Circle Apt 205	5	
		Address	
	Naples, Florida 34104		
		City/State and Zip Code	
	Rodrigoticora@gmail.com		, <u>, , , , , , , , , , , , , , , , , , ,</u>
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Rodrigo Montano		239 285 - 7848 at ()	
Name (of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addre Registration		<u>Street Address:</u> Registration Se	ection
Division of C	•	Division of Co	-
P.O. Box 63: Tallahassee,		The Centre of T 2415 N. Monro	raffanassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ECTRIC LLC			_
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appear d Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compar	ny were filed on	05/03/2023	and	assigned
lorida document number 1.23000218835				
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited lia	ability company h	ere:		
Help Services LLC				
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the c	lesignation "LLC" or th	e abbreviation	"L.L.C."
Inter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)			#55 25 25 25 25 25 25 25 25 25 25 25 25 2	
rrincipal office address MOST BE A STREET ADDRESS			NU N	T
		 .		F
			ယ် က	: :
Enter new mailing address, if applicable:	 -			<u> </u>
Mailing address MAY BE A POST OFFICE BOX)				$\overline{}$
		1	07 NE	
B. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	e address on our r	records, enter the n	ame of the	new regis
	Enter Flo	rida street address		
		. Florida		
	City		Zip Co	de

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	
MOK - Manager	
AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			
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			□Remove

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ee	
an eff lote:	ve date, if other than the date of filing:
recore	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.
Dated	June 6
	Montano

Typed or printed name of signee