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Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations				
sивјест: <u>Нап</u> д	s 2 help Serv	rices UC	_		
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Victoria Pat	ricia <u>ROSa Cab</u>	<u>eza</u>		
		Firm/Company			
	27076 Brow	OK Forest Rd	ا احت حت	2923 SEC	
		<u>a Florida 3395</u> City/State and Zip Code		2023 AUS 21 AM 8: 08 SECRETARY OF STATE	3 E
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For further information e	oncerning this matter, please ca	all:		iii oo	
Victoria R	OS CI f Person	at (8\3) 438 (0875 Telephone Number	_	
Enclosed is a check for th	ne following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of \$ Certified Copy (additional copy is	Status & v	
Mailing Addres Registration S		Street Address: Registration Sec	stion		
Division of C	orporations	Division of Corp	porations		
P.O. Box 632	. /	The Centre of T	aHahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hands 2 help Services LLC

(Name of the Limited Liability Company as It now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _07/25 2023 and assigned Florida document number <u>L23000350699</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
<u>MGR</u>	loren Alana Yang Uncein	9866 NW 10th St Hiami FL 33	172 MAdd
			□Remove
			□Change
<u>MGR</u>	Loren Yang	9866 NW 1011 St Miami FL331	<u>72</u> □Add
			KRemove
			□Change
MGR	<u>Victoria Patricia Rosa Cabera</u>	2 <u>0</u> 27076 Brunk Forest Rd Puntu 90100 FL 33950	MAdd
			□Remove
			□Change
MGR	<u>Victoria Rosa</u>	27076 Bricok Forest Rd Punta gorda FL 33950.	□Ađd
			Remove
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ord specifies a de filed.	layed effective da	te, but not an eff	ective time, a	: 12:01 a.m. on th	ne earlier of: (b)	The 90th day at
	2023	·		representative of a		
ed 08/12/						

Filing Fee: \$25.00