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COVER LETTER

Division of Corporations	
SUBJECT: The Might Help at The Night Time W. Name of Limited Liability Company	n <u>∽</u> ·
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Calicia Walker Name of Person	
Firm/Company	
103 Elm. Ave	
Havara FL 39333 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Calicia Walker 1850, 284-9000	
Name of Person Area Code Daytime Telephone Nun	noer
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee Cortificate of Status Certified Copy Certificate of Status Certified Copy	Filing Fee. ficate of Status & fied Copy onal copy is enclosed)
Mailing Address: Street Address:	

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

notant ans 3

The Articles of Organization for this Limited Liability Company	were filed on D8 07 7	and assigned			
Florida document number <u>L230036 40 87</u> .	, ,				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company here:				
the Might Help at The	Might time	LC.			
The new name must be distinguishable and contain the words "Limited Liabil	ity Companly," the designation "Ll	LC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		<u> </u>			
(Principal office address MUST BE A STREET ADDRESS)					
		<u> </u>			
Enter new mailing address, if applicable:		A III			
If amending name, enter the new name of the limited li		0: 2			
		- ω			
D. 16		the name of the new vegictaried			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	idaress on our records, <u>ente</u>	er the name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, 1	Florida			
	City	Zip 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
			□Add
			Remove
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