LZH 0000 624 73

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	
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05/06/24--01025--001 **25.00

COVER LETTER

. TO: Registration S Division of Co			
	,		
SUBJECT:	HELPING C	IALUE ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	PRINCESS MA	NOY MO Name of Person	
	HELPING CA	Firm/Company	
	5020 SE STE	ZUNG CIRCLE Address	23.
	STUART, FL	3-4997- City/State and Zip Code	1
	E-mail address: (55 WANDYNO DE to be used for future annual report noti	inication)
For further information	concerning this matter, please c	all:	J.
PRINCESS MA	NIDY WO	at (561) ZOZ	-7418
Name	or r crson	Area Code 12ayum	re relegione (vanion)
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 63	27	The Centre of T	l'allahassee

Tallahassee, FL 32314

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 at	opears on our records.)
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	any)
The Articles of Organization for this Limited Liability Company were filed or	n 2/2/2024 and assigned
lorida document number <u>LZ40006247-3</u>	
This amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compan	ny here:
he new name must be distinguishable and contain the words "Limited Liability Company."	the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	<u></u>
Principal office address MUST BE A STREET ADDRESS)	
	, 52
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	1,
	· · · · · · · · · · · · · · · · · · ·
If amending the registered agent and/or registered office address on or	ur records, enter the name of the new reg
gent and/or the new registered office address here:	•
Nigger - CNigger Devicement Amount	
Name of New Registered Agent:	
New Registered Office Address:	
E.nter	r Florida street address
	, Florida Zip Code
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agree to act in t	

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 Title Name | Address **Type of Action** \square Add □Remove __ Change □Add □Remove _____ □Change □Remove 号 <u>一</u>口Change <u>--</u>`□Add _. □Remove · . -□ _____ Change \Box Add □Remove □Remove

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