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COVER LETTER

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Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

Deborah J C	Cross, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Deborah J Cross,LLC		
		Name of Person	
	Deborah J Cross, LLC		
		Firm/Company	
	19090 NW 57th Ave Apt 1	01	
		Address	
	Hialeah, Fl. 33015		
	<u> </u>	City/State and Zip Code	
	deross710@live.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Deborah Cross		786 285-5378	
Name o	f Person	at () Area Code Daytim	e Telephone Number
	a w		
Enclosed is a check for the	ne 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)
Mailing Addres	<u>:s:</u>	Street Address:	
Registration Section		Registration Se	
Division of Corporations		Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Deborah J Cross, LLC

FILED 2024 AUG 30 AM 10: 31 (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 $\frac{08/06/2024}{1}$ Florida document number 1.24000352202 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Helping Hands Administrative Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 19090 NW 57th Avenue Enter new principal offices address, if applicable: Apt-101 (Principal office address MUST BE A STREET ADDRESS) Hialeah, FL. 33015 19090 NW 57th Avenue Enter new mailing address, if applicable: Apt-101 (Mailing address MAY BE A POST OFFICE BOX) Hialeah, FL. 33015 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.

City

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>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
		 	□Add
			□Remove
		-	□Change
			□Add
		<u> </u>	□Remove
			□ Change
			🗆 Add
			□Change

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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated 08/20/2024 Deliand In Cross Significant of a member or authorized representative of a member
Deborah J Cross

Typed or printed name of signee