L18000005607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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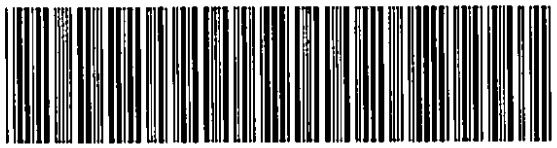

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07/30/18--01020--026 **60.00

LTS 8-27-18

FILED
2018 AUG 20 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Caring hands adult family home care as Caring hands Adult In-home personal care service LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer C. Ragin
Name of Person

Caring hands Adult family home care as Caring hands Adult In-home personal care service LLC.
Firm/Company

7845 Meridian St
Address

Miramar, fl. 33023
City/State and Zip Code

Lee2620@Bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Ragin at (954) 589-9675
Name of Person Area Code Daytime Telephone Number

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)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2018

JENNIFER L. RAGIN
7845 MERIDIAN ST
MIRAMAR, FL 33023

SUBJECT: CARING HANDS ADULT FAMILY HOME CARE AS CARING HANDS ADULT IN-HOME PERSONAL CARE SERVICES LLC.
Ref. Number: L18000005607

We have received your document for CARING HANDS ADULT FAMILY HOME CARE AS CARING HANDS ADULT IN-HOME PERSONAL CARE SERVICES LLC. and your check(s) totaling $60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 018A00016258

RECEIVED
2018 AUG 20 AM 11:12
DEPT OF CORPS
TALLAHASSEE, FL

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2018 AUG 20 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FL

Caringhands Adult Family home care as Caringhands Adult In-home personal care 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 01-08-2018 and assigned Florida document number L18000005607.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Caringhands Adult In-home Personal Care Seevice LLC

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)

7845 Meridian St
Miramar, Fl. 33023

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7845 Meridian
Miramar, Fl. 33023

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: Same As Above

New Registered Office Address: _____
Enter Florida street address

_____, **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

Title	Name	Address	Type of Action
AMBR	Kiara Lee	7845 Meridian St	☑ Add
		Miramar, Fl. 33023	☐ Remove
			☐ Change
AMBR	Jalisa Lee	7845 Meridian St	☑ Add
		Miramar, Fl. 33023	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(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)(b)

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 8-17-18

Signature of a member or authorized representative of a member

Jennifer L. Rogin

Typed or printed name of signee

Filing Fee: $25.00