

LD3000026431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

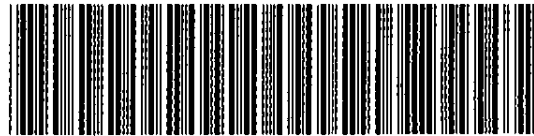
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Called 10/17/11
Spoke with
Debbie Keyra
RA address is
to be changed
also, OK for me to
make corrections.
mp



500209532905

LD3-26431
Amendment

FILED
11 OCT 11 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/24/11--01012--003 **25.00

N. CAUSSEAU

OCT 17 2011

EXAMINER

103-26431

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HELPING HANDS MEDICAL EQUIPMENT, 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:

DEBBIE LEYVA

Name of Person

HELPING HANDS MEDICAL EQUIPMENT, LLC

Firm/Company

4479 NORTH STATE ROAD 7

Address

LAUDERDALE LAKES, FLORIDA 33319

City/State and Zip Code

debbie_leyva@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBBIE LEYVA

Name of Person

at (954)

335-1564

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

HELPING HANDS MEDICAL EQUIPMENT, 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 07/18/2003

Florida document number L03000026431

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 end with 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)

4479 NORTH STATE ROAD 7

LAUDERDALE LAKES, FLORIDA 33319

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4479 NORTH STATE ROAD 7

LAUDERDALE LAKES, FLORIDA 33319

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:

4479 North State Road 7

Enter Florida street address

Lauderdale Lakes, Florida 33319

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager, or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____

 CEO

Signature of a member or authorized representative of a member

DEBBIE LEYVA

Typed or printed name of signee