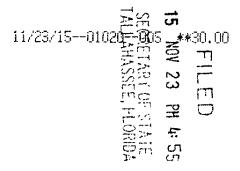
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PICK-UP	☐ WAIT	MAIL
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NOV 24 2015 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CARING HANDS TRASSPORTATION, 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:	
ACKEIL SHERWOOD Name of Person	
CARING HANDS TRANSPORTATION, LLC Firm/Company	
7474 NW 48 COURT Address	
LAUDERHILL FL 33319	75.55 75.55
LAUDERITILL FL 33319 City/State and Zip Code 9,4fan51@gmail. com E-mail address: 40 be used for future annual report notification)	NOV 23
For further information concerning this matter, please call:	
ACKEIL SHERWOOD at (954), 253-72-36 Name of Person at (954) Daytime Telephone Number	PLORIDA FLORIDA
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

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

<u>CARING HANDS TRANS</u>	PORTATIONILLC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan. Florida document number	y were filed on $02/03/20/1$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liat	oility 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)	
	S. 5
	屋間 夏 四
Enter new mailing address, if applicable:	350 2 E
(Mailing address MAY BE A POST OFFICE BOX)	and
	<u> </u>
B. If amending the registered agent and/or registered e registered agent and/or the new registered office address he	office address on our records, enter the name of the new re:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
·	, Florida
New Registered Agent's Sansture if changing Registered Agent	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> <u>Address</u> Type of Action DIR SHAUN Q. SHERWOOD □ Add SYRT NW 95TH AVENUE SUNRISE, FL 33351 Remove ☐ Change 7474 NW 48TH COURT FRANCIS SHERWOOD DIR LAUDERHILL, FL 33319 Add ☐ Remove ☐ Change 云 Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove

☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessa	,
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Effecti	ive date, if other than the date of filing: (optional ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) FIT ()
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this dat	e will not be liste
docum	ent's effective date on the Department of State's records.	
		3> Of
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the earlie
	1	
Dated	NOVEMBER 19, 2015.	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00