

L13000080045

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. Burch OCT 14 2014

## COVER LETTER

TO: Registration Section,  
Division of Corporations

SUBJECT: Hands on Central Florida, 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:

James Scarborough

Name of Person

Hands on Central Florida, LLC

Firm/Company

750 South Orange Blossom Trail, #231

Address

Orlando, Florida 32805

City/State and Zip Code

Info@HandsonCentralFl.org

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

For further information concerning this matter, please call:

Cheryl Hundley

Name of Person

407 270-6685

at (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

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

Hands on Central Florida, 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 9/23/14  
Florida document number L13000080045

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

James Scarborough

3263 Fitzgearld Drive

Orlando, Florida 32805

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

James Scarborough

New Registered Office Address:

3263 Fitzgearld Drive

Enter Florida street address

Orlando

City

Florida 32805

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.*

James Scarborough  
If Changing Registered Agent, Signature of New Registered Agent

**FILED**  
OCT - 6 PM 11:14  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>James Scarborough</u>	<u>3263 Fitzgerald Drive</u> <u>Orlando, Fla 32805</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>AMBR</u>	<u>Vilicia Ferguson</u>	<u>3263 Fitzgearld Drive</u> <u>Orlando, Florida 32805</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>AMBR</u>	<u>Kenneth Hudson</u>	<u>3263 Fitzgearld Drive</u> <u>Orlando, Florida 32805</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>AMBR</u>	<u>Cheryl Hundley</u>	<u>3263 Fitzgearld Drive</u> <u>Orlando, Florida 32805</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>AMBR</u>	<u>Leola Scarborough</u>	<u>3263 Fitzgearld Drive</u> <u>Orlando, Fla 32805</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>President</u>	<u>Carolyn Baxter</u>	<u>750 S. Orange Blossom Trail, Ste 231</u> <u>Orlando, Fl 32805</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 23, 2014

James L. Scarborough

Signature of a member or authorized representative of a member

James L. Scarborough

Typed or printed name of signee

14 OCT -6 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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