## L15000163804

(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
arra en car	EXTENDE	D HANDS OF THE TREASU	RE COAST LLC	
SUBJECT:	-	Name of Lim	ited Liability Company	<del></del>
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		TAMMY HARRIS		
			Name of Person	·
	Sed Articles of Amendment and fee(s) are submitted for filing.  TAMMY HARRIS  TAMMY HARRIS  Name of Person  At TAX SERVICE INC  Firm/Company  953 OLD DIXIE HWY STE B19  Address  VERO BEACH, FL 32960  City/State and Zip Code  tammya Itax@gmail.com  E-mail address: (to be used for future annual report notification)  r information concerning this matter, please call:  HARRIS  Name of Person  To Company  1			
	Firm/Company			
		953 OLD DIXIE HWY ST	E B19	Liability Company  seed for filing.  he following:  Name of Person  Firm/Company  119  Address  Gity/State and Zip Code  e used for future annual report notification)  at (772
	Address			
		VERO BEACH, FL 32960	,	
	City/State and Zip Code			<del></del>
				otification)
For further in	iformation c	oncerning this matter, please co	all:	
ТАММҮ НА	ARRIS			
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ S25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy
Reg	gistration S	Section	Registration S	
P.O. Box 6327		•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXTENDED HANDS OF THE TREAU	RE COAST LLC	
( <u>Name of the Limited Liz</u> (A Flo	ability Company as it now/appears on our records. orida Limited Liability Company)	23
The Articles of Organization for this Limited Liabilit	ty Company were filed on 09-25-15	and assigned
lorida document number 1.15000163804		
his amendment is submitted to amend the following	y. 	
A. If amending name, enter the new name of the	limited liability company here:	
he 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 AD	ODRESS)	
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX	<u></u>	
3. If amending the registered agent and/or register		he name of the new regist
gent and/or the new registered office address her	<u>.e</u> :	
Nome of New Projet and Ament		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	vnier r ioriaa sireei aadress	
_	, Flor	rida
	City	гір Соае

## 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 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>	Address	Type of Action
AMBR	MICHAEL STREIBICK	5381 4TH PLACE	
		VERO BEACH, FL 32968	_
			Change
			□ Remove
			□ Change
<del></del>	<del></del>		□Add
			□Remove
		<del></del>	□Change
			□Add
		<del></del>	□Remove
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