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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

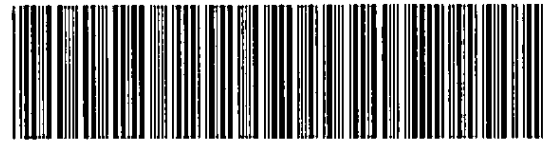
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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A. BUTLER

JAN 10 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Close at Hand Interpreting, 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:

Jessica Sergeant  
Name of Person

Close at Hand Interpreting, LLC  
Firm/Company

6378 Boca Cir  
Address

Boca Raton, FL 33433  
City/State and Zip Code

holzmanj@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Sergeant at (561) 306-3042  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Close at Hand Interpreting, 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 5-19-2016 and assigned  
Florida document number L16000097942

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 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)**

**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:

Jessica Sergeant

New Registered Office Address:

6378 Boca Cir

Enter Florida street address

Boca Raton

City

Florida

33433

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.*

Jessica Sergeant

**If Changing Registered Agent, Signature of New Registered Agent**




This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 11-16-21

  
Signature of a member or authorized representative of a member

Jessica Sergeant  
Typed or printed name of signee

To whom it may concern,

I am currently employed with a small business and I would like to be able to use my skills in my spare time. I have started my company Close at Hand Interpreting, LLC. My maiden name was Jessica Krissy Holtzman. My married name is Jessica Holtzman Sergeant. I have attached a copy of my driver's license and my marriage certificate.

Sincerely,

Jessica Sergeant

2021 OCT 21 AM 11:48

Department of Health - Office of Vital Statistics

STATE OF FLORIDA  
MARRIAGE RECORD

TYPE IN UPPER CASE  
USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon

(STATE FILE NUMBER)



CFN 20190438094

OR BK 31058 PG 1113  
RECORDED 12/02/2019 08:23:48  
Palm Beach County, Florida  
Sharon R. Bock, CLERK & COMPTROLLER  
Pg 1113; (1pg)

50-2019-ML-007564-XXXX-SB

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last) CRAIG HAYNE SERGEANT		1b MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year) FEBRUARY 10, 1975
3a RESIDENCE - CITY, TOWN, OR LOCATION BOCA RATON	3b COUNTY PALM BEACH	3c STATE FL	4 BIRTHPLACE (State or Foreign Country) SOUTH AFRICA
5 NAME OF SPOUSE (First, Middle, Last) JESSICA KRISSY HOLTZMAN		5b MAIDEN SURNAME (if applicable)	6 DATE OF BIRTH (Month, Day, Year) OCTOBER 10, 1983
7a RESIDENCE - CITY, TOWN, OR LOCATION BOCA RATON	7b COUNTY PALM BEACH	7c STATE FL	8 BIRTHPLACE (State or Foreign Country) NEW YORK

WE, THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9 SIGNATURE OF SPOUSE (Sign full name using black ink) 	10 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) OCTOBER 18, 2019
11a TITLE OF OFFICIAL Deputy Clerk	12 SIGNATURE OF OFFICIAL (Use black ink) 
13 SIGNATURE OF SPOUSE (Sign full name using black ink) 	14 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) OCTOBER 18, 2019
15 TITLE OF OFFICIAL Deputy Clerk	16 SIGNATURE OF OFFICIAL (Use black ink) 

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17 COUNTY ISSUING LICENSE Palm Beach County	18 DATE LICENSE ISSUED OCTOBER 18, 2019	18a DATE LICENSE EFFECTIVE OCTOBER 21, 2019	19 EXPIRATION DATE DECEMBER 20, 2019
20a SIGNATURE OF COURT CLERK/JUDICIAL 		20b TITLE Clerk of Court	20c BY D.C. 

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21 DATE OF MARRIAGE (Month, Day, Year) 11-27-19	22 CITY, TOWN, OR LOCATION OF MARRIAGE Delray Beach, FL
23a SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) 	
23b NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) MARGARET HOELTKE Deputy Clerk	
23c ADDRESS (Of person performing ceremony) 200 W. Atlantic Avenue, Delray Beach, FL 33444	
24 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶	
25 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

I hereby certify the foregoing is a true copy of the record in my office with redactions, if any as required by law as of this day, Dec 03, 2019.  
Sharon R. Bock, Clerk and Comptroller, Palm Beach County, Florida  
BY Deputy Clerk