

L17 000 137696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

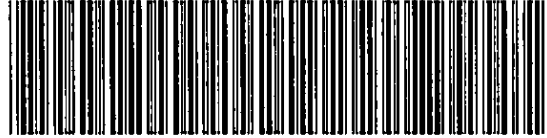
(Business Entity Name)

(Document Number)

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2021 AUG 31 10 5 34
SECRETARY OF STATE
ALABAMA DEPT. OF REVENUE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HEART OF GOLD COMPANIONS HOMECARE AGENCY 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:

EBONY HAWTHORNE

Name of Person

Firm/Company

5576 SOUCHAK DRIVE

Address

WEST PALM BEACH FLORIDA 33413

City/State and Zip Code

ebonyhawthorne@babystepstoine.com

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

For further information concerning this matter, please call:

EBONY HAWTHORNE

561 236-3695
at ()

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**

FILED

HEART OF GOLD COMPANIONS HOMECARE AGENCY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2024 AUG 31 PM 5:35

The Articles of Organization for this Limited Liability Company were filed on 06/26/2014 and assigned
Florida document number 117000137696

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BABY STEPS TO INCORPORATION LLC

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:

1601 W 13TH STREET

(Principal office address MUST BE A STREET ADDRESS)

RIVIERA BEACH FLORIDA 33404

Enter new mailing address, if applicable:

5576 SOUCHAK DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

WEST PALM BEACH FLORIDA 33413

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:

Enter Florida street address

_____, Florida _____
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>	<u>Type of Action</u>
OTHER	EBONY HAWTHORNE	5576 SOUCHAK DRIVE	<input type="checkbox"/> Add
		WEST PALM BEACH FLORIDA 33413	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
OTHER	ALEXIS ALLEN	5576 SOUCHAK DRIVE	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH FLORIDA 33413	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(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)

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.

August 27th 2020

Signature of a member or authorized representative of a member

Ebony Hawthorne
Typed or printed name of signer

Typed or printed name of signee