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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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CLERK OF COURT
CLERK OF COURT

S. WARREN

DEC 28 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2017

TELA WRIGHT
7855 ARGYLE DORREST BLVD SUITE 703
JACKSONVILLE, FL 32244

SUBJECT: GRACIOUS HANDS HOMECARE, LLC
Ref. Number: L17000245445

We have received your document for GRACIOUS HANDS HOMECARE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 717A00025718

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gracious Hands Homecare, 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:

Tela Wright

Name of Person

Gracious Hands Homecare, LLC

Firm/Company

7855 ARGYLE FORREST BLVD SUITE 703

Address

Jacksonville, FL 32244

City/State and Zip Code

info@gracioushandscare.com

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

For further information concerning this matter, please call:

Tela Wright

502 407-4431
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Gracious Hands Homecare, 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 November 30, 2017 and assigned
Florida document number L17000245445.

This amendment is submitted to amend the following:

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

Gracious Hands Homecare, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

7855 ARGYLE FORREST BLVD SUITE 703

(Principal office address MUST BE A STREET ADDRESS)

JACKSONVILLE FL 32244

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same

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:

C. RICHARD WRIGHT

New Registered Office Address:

7855 ARGYLE FORREST BLVD SUITE 703

Enter Florida street address

JACKSONVILLE

Florida 32244

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

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JACKSONVILLE, FLORIDA

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)

(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 December 15, 2017

Signature of a member or authorized representative of a member

Tela Wright

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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17 DEC 26 AM 11:28
SOUTHERN DISTRICT
JAILHOUSE, FLORIDA