

L17000253811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

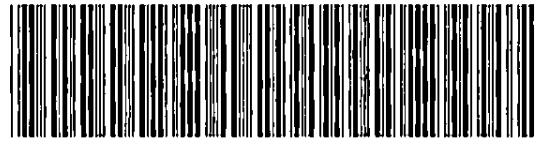
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TENDER HANDS MEDICAL STAFFING 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:

TANGELLA ROBINSON

Name of Person

TENDER HANDS MEDICAL STAFFING LLC

Firm/Company

1950 LEE ROAD SUITE 114

Address

WINTER PARK, FLORIDA 32789

City/State and Zip Code

tangella.robinson@gmail.com

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

For further information concerning this matter, please call:

TANGELLA ROBINSON

407 860-6495

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

TENDER HANDS MEDICAL STAFFING LLC

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

1:27

The Articles of Organization for this Limited Liability Company were filed on 12/12/2017 and assigned
Florida document number L17000253811.

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)

1950 LEE ROAD

SUITE 114

WINTER PARK, FLORIDA 32789

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1950 LEE ROAD

SUITE 114

WINTER PARK, FLORIDA 32789

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:

TANGELLA ROBINSON

New Registered Office Address:

1950 LEE ROAD, SUITE 114

Enter Florida street address

WINTER PARK

City

Florida 32789

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>
MGR	SHIKIRA ROBINSON	1950 LEE ROAD	<input checked="" type="checkbox"/> Add
		SUTTE 114	<input type="checkbox"/> Remove
		WINTER PARK, FLORIDA 32789	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

Angela Robinson 10/4/23
Signature of a member or authorized representative of a member