

L18000 153 925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

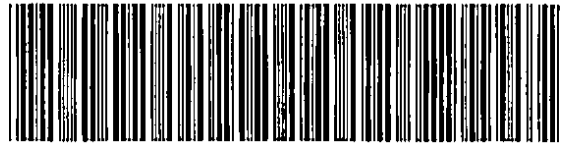
(Business Entity Name)

(Document Number)

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FILED
2019 JAN -2 PM 6:40
CITIZENSHIP DIVISION

Amend

JAN 12 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERENE HELPING HANDS 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:

PATRICIA POLLARI

Name of Person

ADVANCE FINANCIAL SERVICE

Firm/Company

12534 WILES ROAD

Address

CORN SPRINGS, FL 33076

City/State and Zip Code

patricia1040-tax@gmail.com

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

For further information concerning this matter, please call:

Patricia Pollari

Name of Person

at (954) 255-3848

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

FILED
2019 JAN -2 PM 6:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SERENE HELPING HANDS, 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 6/22/18 and assigned
Florida document number L18000153925

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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	JIGNASHA PATEL DESAI	1539 W. Cass St	<input type="checkbox"/> Add
		Tampa, FL 33606	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	VEEMAL DESAI	1539 W. Cass St	<input checked="" type="checkbox"/> Add
		Tampa, FL 33606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DHIRAJ DESAI	61 CAMBRIDGE ST.	<input checked="" type="checkbox"/> Add
		BURLINGTON, MA 01803	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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