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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

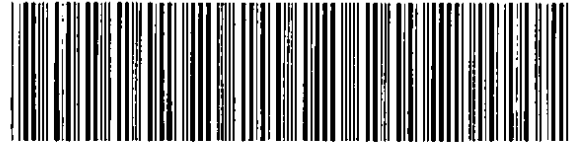
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: A Gentle Hand Residential Care 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:

Nichole Walker

Name of Person

A Gentle Hand Residential Care LLC

Firm/Company

12452 Guilford Way

Address

Wellington, FL 33413

City/State and Zip Code

Nichole1sunshine@gmail.com

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

For further information concerning this matter, please call:

Nichole Walker

561

373-0893

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**

A Gentle Residential Care 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 01/09/2019 and assigned Florida document number L19000011410.

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)

Nichole Walker

12452 Guilford Way

Wellington, Fl. 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12452 Guilford Way

Wellington, Fl. 33414

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:

Todd Chancellor

New Registered Office Address:

12452 Guilford Way

Enter Florida street address

Wellington

City

Florida 33414

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	Nichole Walker	12452 Guilford Way	<input checked="" type="checkbox"/> Add
		Wellington, Fl. 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Andrea Rhoden	5710 Coconut Road	<input checked="" type="checkbox"/> Add
		West Palm Beach, Fl. 33413	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Leitha Sanders-Blye	6521 Spring Meadow	<input checked="" type="checkbox"/> Add
		Greenacres, Fl. 33413	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KimChancellor	13052 Compton Road	<input type="checkbox"/> Add
		Loxahatchee, Fl. 33470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook or composition paper.

(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 requirements, the date shall be deemed to be the date of filing.

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.

Joel Chancell
Signature of a member or authorized representative of a member

Todd Chancellor
Typed or printed name of signee

Filing Fee: \$25.00