

L19 0000033508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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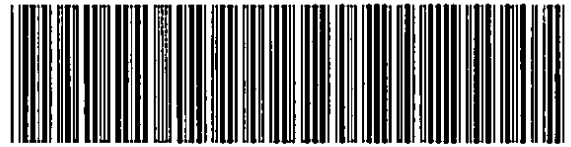
(Business Entity Name)

(Document Number)

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2020 MAR -2 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 21 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida 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:

Ali McDaniel

Name of Person

Florida Helping Hands, LLC

Firm/Company

5250 17th St., Suite 101

Address

Sarasota, FL 34235-8244

City/State and Zip Code

ali@floridahelpinghands.com

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

For further information concerning this matter, please call:

Ali McDaniel

Name of Person

at (407)

Area Code

377-7525

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**

Florida 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 02/01/2019 and assigned Florida document number L19000033508.

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:

5250 17th St., Suite 101

(Principal office address MUST BE A STREET ADDRESS)

Sarasota, FL 34235

Enter new mailing address, if applicable:

5250 17th St., Suite 101

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota, FL 34235

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

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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	Ali McDaniel	5501 Merchants View Square, #207 Haymarket, VA 20169	☐ Add ☐ Remove ☒ Change
VP	ALEXIS ABBOTT	1404 E CONCORD ST ORLANDO, FL 32803	☐ Add ☒ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
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