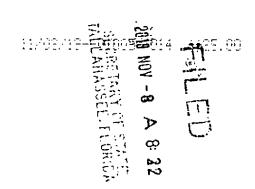
## L19000241554

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

SUBJECT:	PRIVATE	DUTY HELPING HANDS SE		
		Name of Limi	ted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter (	to the following:	
		JANET VALLADARES		
		PRIVATE DUTY HELPIN	Name of Person IG HANDS SENIOR CARE LLC	
		4146 LIPSCOMB STINE S	Firm/Company SUITE 13	
		PALM BAY FL 32905	Address	
		JANETCNA I @GMAIL.CO	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notif	ication)
For further in	iformation c	oncerning this matter, please ca	ill:	
JANET VAL	LADARES		321 4580469 at ()	
	Name o	f Person		Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>■</b> \$25.00 Fi	iling 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:

**4** ...

TO:

Registration Section Division of Corporations

> 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

## PRIVATE DUTY HELPING HANDS SENIOR 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 file	2019 MGV - d on 09/24/2019	and assigned
Florida document number L19000241554		A. 1808	and assigned
This amendment is submitted to amend the following:			-
A. If amending name, enter the new name of the lin	nited liability com	pany here:	
HELPING HANDS ON CALL HOMECARE LLC			
The new name must be distinguishable and contain the words "Lii	mited Liability Compa	ny," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4640 L	IPSCOMB ST NE SUIT	E 13
(Principal office address MUST BE A STREET ADDRESS)		PALM BAY FL 32905	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PALM BAY FL 32905	
B. If amending the registered agent and/or registered agent and/or the new registered office adented agent and/or the new registered office adented Name of New Registered Agent:	dress here:	ress on our records.	enter the name of the
Name of New Registered Agent:  Note: New Registered Agent: N/A	dress here:	ress on our records.	enter the name of the
registered agent and/or the new registered office add	dress here:	ress on our records.  Enter Florida street address	
Name of New Registered Agent:  Note: New Registered Agent: N/A	dress here:	Enter Florida street address	

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

Title	<u>Name</u>	Address	Type of Action
	<del></del>		
			□ Remove
			Change
			□ Remove
		<del></del>	Change
			□ Add
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		□ Change	
		□ Add	
		□ Remove	
			☐ Change

Effective date, if other than the date of filing:  (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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	_	
i 1/01/2019  Effective date, if other than the date of filing:	_	
i 1/01/2019  Effective date, if other than the date of filing:	_	
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(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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	P.OC .A.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	(If an effe Note:	ective 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date inserted in this block does not meet the applicable statutory filing requirements.
) The 90th day after the record is filed.	the rec ) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Dated	11/04/2019
Signature of a member or authorized representative of a member	~ *******	Janet P. Va Ducton
Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00