

L20 0000025938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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2020 JUL 19 PM 4:07

CLERK

AUG 22 2020
S. YOUNG

**TO: Registration Section
Division of Corporations**

CARING HEARTS LOVING HANDS LLC

SUBJECT: _____
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:

ARCILIA J GARCIA

Name of Person

CARING HEARTS LOVING HANDS LLC

Firm/Company

3425 BAYSIDE LAKES BLVD #223

Address

PALMBAY FL

City/State and Zip Code

CARINGHEARTSLOVNGHANDS@GMAIL.COM

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

For further information concerning this matter, please call:

ARCILIA J GARCIA

321

7202338

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
ADM	ARCILIA J GARCIA	1590 ANDRUS AVE SE	<input type="checkbox"/> Add
		Palm Bay FL 32909	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MANAGER ADM	ARCILIA J GARCIA	1590 ANDRUS AVE SE	<input checked="" type="checkbox"/> Add
		PALMBAY FL 32909	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

CHANGE TITLE FOR ARCILIA J GARCIA TO MANGER/ADM

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

JULY 2 2020

Dated _____

Signature of a member or authorized representative of a member

Typed or printed name of signee