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(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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AUG 22 2020 S. YOUNG

Registration Section TO: **Division of Corporations**

CARING HEARTS LOVING HANDS LLC

SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ARCILIA J GARCIA		
		Name of Person	
	CARING HEARTS LOV	ING HANDS LLC	
		Firm/Company	
	3425 BAYSIDE LAKES	BLVD #223	
	_	Address	
	PALMBAY FL		
	CARINGHEARTSLOVNO	City/State and Zip Code GHANDS@GMAIL.COM	
	E-mail address: (to be used for future annual report notif	ication)
for further information c	oncerning this matter, please ca	all:	
ARCILIA J GARCIA		321 7202338	
Name o	f Person	at () Area Code Daytimo	: Telephone Number
Enclosed is a check for th	ne 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

TO ARTICLES OF ORGANIZATION OF

CARING HEARTS LOVING HANDS LLC

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wee filed on	JANUARY 21,2020	obil assismad
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y Company," th	ne designation "LLC" o	r the abbreviation "L.L.C."
N/A		
	. <u>-</u>	
N/A 		
		_
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Idress on ou	r records, <u>enter th</u>	e name of the new registered
	r records, <u>enter th</u>	e name of the new registered
	Florida street address	
Enter 1	Florida street address	da
	ty Company." th	lity company here: ty Company," the designation "LLC" of N/A

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
ADM	ARCILIA J GARCIA	1590 ANDRUS AVE SE	_
		Palm Bay FL 32909	□Add
			Remove
			7.01
MANAGER MM	ARCILIA J GARCIA	1590 ANDRUS AVE SE	☐ Change
			■Add
		PALMBAY FL 32909	□ p
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		JULY 1ST 20	20			
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cument's effective date on the				, , , , , , , , , , , , , , , , , , , ,		.0140 110
ecord specifies a delayed effect	ive date, but not ar	effective time	, at 12:01 a.m. o	n the earlier of: (b) The 90th day at	fter the
is filed.						
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Typed or printed name of signee