

L20000038295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

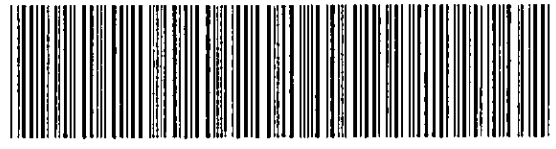
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JUN 25 AM 10:20

2020 JUN 25 PM 01:31

FILED

W. S. H. KEF
JUN 24 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blessed Hands In Home Healthcare 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:

Michelle L. Robinson
Name of Person

Firm/Company

2001 old saint Augustine rd Apt # F204
Address

Tallahassee FL 32301
City/State and Zip Code

michellelrobinson74@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle L. Robinson at (850) 556-6489
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

Blessed Hands In Home Healthcare 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 02/05/2020 and assigned Florida document number 84-4597474.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Blessed Hands In Home Care Limited Liability Company
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)

2001 old saint Augustine rd
Apt # F-204
Tallahassee Fl. 32301

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2001 old saint Augustine rd
Apt. # F 204
Tallahassee Fl. 32301

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

FILED
2020 FEB 25 AM 10:20
SECRETARY OF STATE
ALLIANCE ASSISTANT CLERK

