LZD 000041832

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

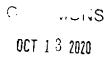




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COVER LETTER

Division of Co	rporations		
Hand Ove SUBJECT:	r Hand Empowerment for Won	nen LLC	
	Name of Lin	nited Liability Company	······································
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Tracy Stallworth		
		Name of Person	
	Hand Over Hand Empowe	erment for Women LLC	
		Firm/Company	
	129 Central Ave		
		Address	
	Delray Beach FL 33483		
	tracystallworth365@gmail.	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	ration)
For further information of	concerning this matter, please co	all:	
Tracy Stallworth		404 838-0096 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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

2020 AUG 31 AU 7: 57

Hand Over Hand Empowerment for Women LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L20000041832	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	1323 Lec St
(Principal office address MUST BE A STREET ADDRESS)	Delray Beach FL 33444
	129 Central Ave
Enter new mailing address, if applicable:	
ALCE II MANDE ADOPT OFFICE DOLO	Delray Reach FL 33483
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	Delray Beach FL 33483 Tice address on our records enter the name of the new
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our records, enter the name of the new
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the nev
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our records, enter the name of the new
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our records, enter the name of the never the name of the n
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	fice address on our records, enter the name of the nev
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our records, enter the name of the never the name of the n

Page 1 of 3

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

2020 AVS 31 AN 7: 57

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP	Jacqueline Coates	129 Central Ave Delray Beach FL 33483	B Add
			☐ Remove
			Change
		Add	
	 	Remove	
			Change
			Remove
			Change
			Add
			□ Remove
		☐ Change	
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ffective date, if other than the date of filing:	07/16/2020 (optional)
lote: If the date inserted in this block does not meet	not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the applicable statutory filing requirements, this date will not be listed a
ocument's effective date on the Department of State	's records.
e record specifies a delayed effective date	e, but not an effective time, at 12:01 a.m. on the earlier of
The 90th day after the record is filed.	, version and confidence confiden
oated 07/16 2	920
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- flelef /)	ber or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00