

L20 0000041832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

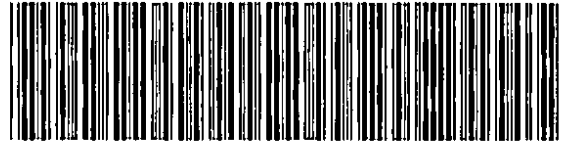
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 OCT 31 PM 7:57

C. W. HENS

OCT 13 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hand Over Hand Empowerment for Women 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:

Tracy Stallworth

Name of Person

Hand Over Hand Empowerment for Women LLC

Firm/Company

129 Central Ave

Address

Delray Beach FL 33483

City/State and Zip Code

tracystallworth365@gmail.com

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

For further information concerning this matter, please call:

Tracy Stallworth

404

838-0096

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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

2320 AUG 31 AM 7:57

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
vp	Jacqueline Coates	129 Central Ave Delray Beach FL 33483	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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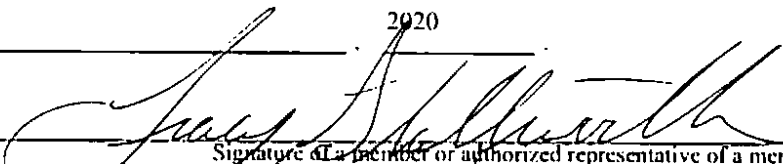
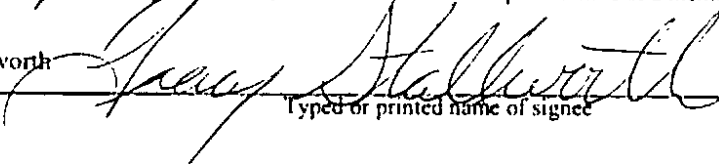
E. Effective date, if other than the date of filing: 07/16/2020 (optional)

(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 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 07/16 2020


Signature of a member or authorized representative of a member
Tracy Stallworth

Typed or printed name of signee