

120 000076813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

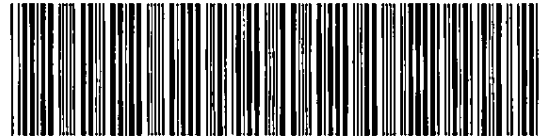
(Document Number)

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2020 JUN 10 PM 5:39

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JUN 10 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 JUN 10 AM 1:53

June 1, 2020

**AIRMA GILEAD**  
1148 ALABAMA AVE  
FT LAUDERDALE, FL 33312

SUBJECT: ALWAYS THE BEST CARE SERVICES" LLC"  
Ref. Number: L20000076813

We have received your document for ALWAYS THE BEST CARE SERVICES" LLC" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 320A00010798

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Always the best Care SERVICE L.L.C  
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:

Arma Gilead

Name of Person

Always the best CARE SERVICE LLC

Firm/Company

1148 Alabama AVE

Address

Ft Lauderdale Fla 33312

City/State and Zip Code

agilead@bell south.net

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

For further information concerning this matter, please call:

Arma Gilead

Name of Person

at 954

Area Code

494-3756

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**

2020 JUL 10 PM 5:40

Always The best CARE SERVICES

(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 3/9/2020 and assigned  
Florida document number L20000076813

This amendment is submitted to amend the following:

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

NOURISHING HANDS CARE SERVICES LLC

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)

1148 Alabama AVE  
7E Lauderdale Fla  
33312

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

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[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2020 MAR 10 Fri 5:40

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 \_\_\_\_\_

*Arma Gilead*

Signature of a member or authorized representative of a member

ARMA Gilead

Typed or printed name of signee

Filing Fee: \$25.00