## 120000124508

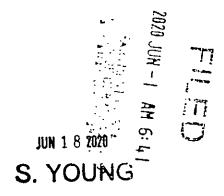
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



200345573792

Ü6/Ü1/20--01036--016 ••30.00



## **COVER LETTER**

TO:

Registration Section
Division of Corporations

LOVING SUBJECT:	VING HEART - CARING HANDS, LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	VALARIE MAYSON		
		Name of Person	
	LOVING HEART - CARING HANDS, LLC		
		Firm/Company	
	32708 LAKE EUSTIS	DR	
	Address		
	TAVARES, FL 32778  City/State and Zip Code		
	LOVINGHEART.CH@	GMAIL.COM	
	E-mail address: (	to be used for future annual report notification)	
For further information co	oncerning this matter, please c	all:	
VALARIE MAYSON		407 844-7834 at ( )	
Name of	Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclosed)	
Mailing Address Registration S		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOVING HEART - CARING HANDS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 05/07/2020 The Articles of Organization for this Limited Liability Company were filed on Florida document number L20000124508 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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

## 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.

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SHARDELL MARS	32708 LAKE EUSTIS DR., TAVARES, FL 32778	DAdd
			≅Remove
			□Change
MGR VALARIE	VALARIE MAYSON	32708 LAKE EUSTIS DR., TAVARES, FL 32778	■Add
			□Remove
		<del> </del>	□Change
			□Add
		<del></del>	Remove
			□Change
		<del></del>	□Add
			□Remove
			Change
		<del></del>	□Add
			Remove
		<del> </del>	Change
			DAdd
			□Remove
			Change

_	
_	
_	
_	<del></del>
_	
_	
	· · · · · · · · · · · · · · · · · · ·
_	
-	
_	
T4!-	
m effec ote: T	te date, if other than the date of filing:
ecord is file	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 d.
ited _	May 22, 2020.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee