

K70 CCC143785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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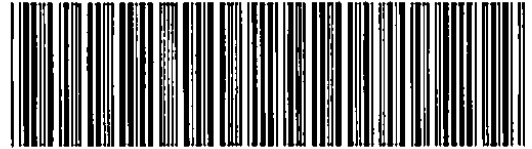
(Business Entity Name)

(Document Number)

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06/29/20--01015--029 \*\*

2020 JUN 29 PM 5:18  
SECRETARY OF STATE  
TALLAHASSEE, FL

D. BRUCE  
AUG 11 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Caring Hands : Hearts Services I  
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:

Pamela M. Turner  
Name of Person

Caring Hands : Hearts Service  
Firm/Company

2303 North US Hwy 1 Suite 2E  
Address

Fort Pierce Florida 34946  
City/State and Zip Code

pturner7675@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela M. Turner at ( 772 ) 626-557  
Name of Person Area Code Daytime Telephone Number

SECRET  
TALLAHASSEE, FL

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

Caring Hands & Hearts Services L  
(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 May 27, 2020 and as  
Florida document number 120000143785.

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 "L

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2303 North US Hwy.  
Suite 23  
Fort Pierce, Florida

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2303 North US Hwy  
Suite 23  
Fort Pierce, Florida

**B. If amending the registered agent and/or registered office address on our records, enter the name of the ne**  
**agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

2020 JUN 29 PM 5:18  
SECRETARY OF STATE  
TALLAHASSEE, FL  
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 com  
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w  
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc  
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabi  
company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Age

SECRETARY, U.S. STATE DEPT.  
TALLAHASSEE, FL

SECRETARY OF STATE  
TALLAHASSEE, FL

NOV 19 1968

N/A

SECRETARY OF STATE  
TALLAHASSEE, FL

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

Dated

06/26/2020

06/26/2020.  
 Pamela M. Turner

Signature of a member or authorized representative of a member

Pamela M. Turner

Typed or printed name of signee

**Filing Fee: \$25.00**