

12/3/2020

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Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

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TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLESSSED HANDS HOME CARE/COMPANION SERVICES LLC**

Certificate of Status	0
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DEC 7 2020

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLESSED HANDS HOME CARE/COMPANION SERVICES 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th Fl

Address

Glendale, CA 91203

City/State and Zip Code

mbmbryant@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

800

773-0888

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BLESSED HANDS HOME CARE/COMPANION SERVICES LLC

(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 05/28/2020 and assigned
Florida document number 120000145091.

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.L.C."

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 _____
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

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>	<u>Type of Action</u>
AMBR	MICHELLE DEMPS	<div><div></div><div>931 NE 207TH AVE. WILLISTON, FL 32696</div><div></div></div>	<div><input type="checkbox"/> Add</div> <div><input checked="" type="checkbox"/> Remove</div> <div><input type="checkbox"/> Change</div>
AMBR	Michelle Dempsey	<div><div></div><div>931 NE 207th Ave. Williston, Florida 32696</div><div></div></div>	<div><input checked="" type="checkbox"/> Add</div> <div><input type="checkbox"/> Remove</div> <div><input type="checkbox"/> Change</div>
		<div><div></div><div></div><div></div></div>	<div><input type="checkbox"/> Add</div> <div><input type="checkbox"/> Remove</div> <div><input type="checkbox"/> Change</div>
		<div><div></div><div></div><div></div></div>	<div><input type="checkbox"/> Add</div> <div><input type="checkbox"/> Remove</div> <div><input type="checkbox"/> Change</div>
		<div><div></div><div></div><div></div></div>	<div><input type="checkbox"/> Add</div> <div><input type="checkbox"/> Remove</div> <div><input type="checkbox"/> Change</div>
		<div><div></div><div></div><div></div></div>	<div><input type="checkbox"/> Add</div> <div><input type="checkbox"/> Remove</div> <div><input type="checkbox"/> Change</div>
		<div><div></div><div></div><div></div></div>	<div><input type="checkbox"/> Add</div> <div><input type="checkbox"/> Remove</div> <div><input type="checkbox"/> Change</div>
		<div><div></div><div></div><div></div></div>	<div><input type="checkbox"/> Add</div> <div><input type="checkbox"/> Remove</div> <div><input type="checkbox"/> Change</div>

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

[illegible]

F. 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 11/14/2020

Signature of a member or authorized representative of a member

Michelle Dempsey

Typed or printed name of signee