120000257371

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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BRENDA MARTIN-WIL		
		Name of Person	
	PRODIGAL SON'S & DA	UGHTERS Firm/Company	
	307 QUAILS RUN PASS		
		Address	
	WINTER HAVEN FL 338	384 City/State and Zip Code	
	BRENDA.MARTINWILL		6
For further information c	oncerning this matter, please c	•	neanon)
BRENDA MARTIN-WI	LLIAMS	at (<u>863</u>) <u>651-2792</u>	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ction
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

PRODIGAL SON'S & DAUGHTERS HOME HEALTH SERVICE LLC 2022 HAR 23 AM 11: 05

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

(A Florida Limited Liability Company) SFORETT DATE: 05

(A Florida Lin	ited Liability Company) SEON	ETARY OF STATE
(A Florida Lin The Articles of Organization for this Limited Liability Comp	IAL pany were filed on August 20.	LARAUSEF, FI and assigned
Florida document number L20000257371		·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
PRODIGAL SON'S & DAUGHTERS HELPING HANDS LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records,	enter the name of the new registered
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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
		-,-	□Add
			□Remove
			Change
			🗆 Add
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fecti	ve date, if other than the date of filing:
an effd	ective 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
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
recore	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
is fil	
ated	MARCH 21, 2022
	Signature of a member or authorized representative of a member

Typed or printed name of signee