

120000312180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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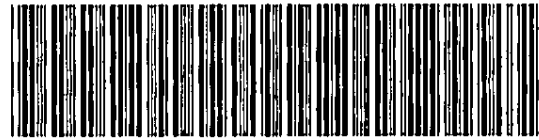
(Business Entity Name)

(Document Number)

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12/13/20

[Signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Helping Hands Resource & Solutions Center 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:

Lashonda Grice Velazquez

Name of Person

Helping Hands Resource & Solutions Center LLC

Firm/Company

702 N 19th Street Suite 819

Address

Palatka, Florida 32177

City/State and Zip Code

shondagrice@yahoo.com

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

For further information concerning this matter, please call:

Lashonda Grice Velazquez

386

2273255

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 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**

Helping Hands Resource & Solutions Center 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 October 2, 2020 and assigned
Florida document number L20000312180.

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)

702 N 19th Street

Suite 8/9

Palatka, Florida 32177

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P. O. Box 1563

Palatka, Florida 32178

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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>
MGR	Shakira S Williams	1005 N 17th Street	<input type="checkbox"/> Add
		Apt. B189	<input checked="" type="checkbox"/> Remove
		Palatka, Florida 32177	<input type="checkbox"/> Change
MGR	Kaylia Smith	101 N Beech Street	<input type="checkbox"/> Add
		Palatka, Florida 32177	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Meshon Kaymore	107 Gladys Avenue	<input checked="" type="checkbox"/> Add
		East Palatka, Florida 32131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Currently Shakira Williams is listed as MGR. Currently Kaylia Smith is listed as MGR.

There is a change Shakira Williams and Kaylia Smith has left the limited liability company.

There is a change Meshon Kaymore, AMBR as an Add

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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 November 2, 2020

Lashonda Grice Velazquez
Signature of a member or authorized representative of a member

Lashonda Grice Velazquez

Typed or printed name of signer