## 120000355205

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

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NDS WITH CARE LLC			
Name of Lim	ited Liability Company		
	•		
ndence concerning inis matter	to the following:		
STEVEN FORD			
	Name of Person		
OPEN HANDS WITH CA	RE LLC		
	Firm/Company		
561 ROBIN HILL CIRCLI	Ē		
	Address	<del></del>	
BRANDON, FL 33510			
	City/State and Zip Code		
<del>-</del> -		poort notification	<del>/</del>
			,
	,	-2355	
Person	at () Area Code	Daytime Telep	hone Number
e following amount:			
S30,00 Filing Fee & Certificate of Status	Certified Copy		■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	· · · · · · · · · · · · · · · · · · ·		
orporations	Division	of Corporati	
	Amendment and fee(s) are sub- indence concerning this matter  STEVEN FORD  OPEN HANDS WITH CA  561 ROBIN HILL CIRCLE  BRANDON, FL 33510  stevenford121 @gmail.com  E-mail address: (i) concerning this matter, please ca  Terson  ie following amount:  \$30.00 Filing Fee &	Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  STEVEN FORD  Name of Person  OPEN HANDS WITH CARE LLC  Firm/Company  561 ROBIN HILL CIRCLE  Address  BRANDON, FL 33510  City/State and Zip Code  stevenford121 @gmail.com  E-mail address: (to be used for future annual representation of the concerning this matter, please call:  Person  at (	Amendment and fec(s) are submitted for filing.  Amendment and fec(s) are submitted for filing.  Indence concerning this matter to the following:  STEVEN FORD  Name of Person  OPEN HANDS WITH CARE LLC  Firm/Company  561 ROBIN HILL CIRCLE  Address  BRANDON, FL 33510  City/State and Zip Code  stevenford121 @gmail.com  E-mail address: (to be used for future annual report notification oncerning this matter, please call:  Operson  at (

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO

2023 JUL -6 AM 8 ARTICLES OF ORGANIZATION **OF** 

OPEN HANDS WITH CARE LLC	Lá <b>r</b> ia	4 <b>M</b> 8: 05
(Name of the Limited Liab (A Flori	ility Company as it now appears on our recorda Limited Liability Company)	ords.) \$ 9; .
The Articles of Organization for this Limited Liability		
Florida document number L20000355205		
this amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lig	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADE	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		er the name of the new regis
gent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street add	Iress
	·	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>	Address	Type of Action
AMBR	EDWARD GILBERT SR	1224 RIVAGE CIRCLE	
		BRANDON, FL 33511	≣Remove
		<del></del>	□Change
			□Remove
			□ Change
		<del></del>	□ Remove
		<u> </u>	Change
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			☐ Change

Effective date, if other than the date of filing:   (optional)  (If an effective date, listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 d207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 ord is filed.  Dated  JUNE 27  , 2023  Signification of Application or authorized representative of a member				<u></u>
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Signature of a member or authorized representative of a member	Note: If the date inserted in document's effective date on the record specifies a delayed efford is filed.	ffective date, but not an effective ti	me, at 12:01 a.m. on the earlier of; (b)	The 90th day after the
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Filing Fee: \$25.00