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## **COVER LETTER**

Div	ision of Corp	orations				
SUBJECT:	Hand in Han	d Support Services, LLC				
SUBJECT.	Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:  Otis L. McDuffie, Jr.  Name of Person  Hand in Hand Support Services, LLC  Firm/Company  805 Chestnut Drive  Address  Fruitland Park, Fl. 34731  City/State and Zip Code handinhandsslle@gmail.com  E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:					
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		Otis L. McDuffie, Jr.				
		·	Name of Person			
		Hand in Hand Support Ser	vices, LLC			
		<del>-</del>	Firm/Company	<del></del>		
		805 Chestnut Drive				
			Address			
		Fruitland Park, Fl. 34731				
		<del>-</del>				
		E-mail address: (t	to be used for future annual report notifi	ication)		
For further in	nformation cor	ncerning this matter, please ca	all:			
Otis L. McD	uffic					
	Name of i	Person	Area Code Daytime	Telephone Number		
					SINON SINCE	F
Enclosed is a	check for the	following amount:			SYIII   1	- Andrews
□ \$25.00 F	Filing Fee	-	Certified Copy	Certified	CDD1/2	

Mailing Address:

TO:

**Registration Section** 

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

Hand in Hand St	apport Services, LLC.		
(Name of the Limited Liability (A Florida I	Company as it now apper Limited Liability Company	ars on our records.)	
-	mpany were filed on _	December 23, 2020	0 and assigned
lorida document numberL21000003073	_•		
This amendment is submitted to amend the following:			
. If amending name, enter the new name of the limit	ed liability company l	<u>iere</u> :	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "LLC" or t	he abbreviation "L.L.C."
inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE	<u> </u>		
			···
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			(1) (2)
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)			
gent and/or the new registered office address here:			F. 3 71
Name of New Registered Agent:			(n = -
New Registered Office Address:			
	Enter Flo	orida street address	ਜਦਾਂ "
		Florida	mi <del>f</del>
	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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	1 ype of Action
MGR	Latonyia D McDuffic	805 Chestnut Drive	□Add
		Fruitland Park, Fl. 34731	■Remove
			Change
			□Add
			□ Remove
			Change
			□ Add
			□Remove
		-1	Change
			□ Add
			Remove  SEC SAdd  Add  Add  Add  Add  Add  Add  Add
			H 2:0Remove
			□Change
			□ Add
			□Remove
			□Change

If amending Authorized	l Person(s) authorized to	o manage, <u>enter the tit</u>	le, name, and address	of each person being added

mending any other informa						
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	!	1/2/2023				
ective date, if other than the effective date is listed, the date mus	date of filing: _ t be specific and car	not be prior to da	te of filing or more th	(option an 90 days after fil	ing <del>.)</del> !Pürsu	anii 605.0
e: If the date inserted in this blument's effective date on the D	ock does not meet	t the applicable:	statutory filing requ	uirements, this d	ato will no	orbe listed
unione seriective date on the D	sparement of our	, s records.				
cord specifies a delayed effectiv	e date, but not an	effective time,	at 12:01 a.m. on the	e earlier of: (b)	The 90th	•
s filed.					FST	<i>∴</i>
November 2	2	2023			T. ATE	45
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	-2					
				nambar		
	Signature of a men	aber or authorized	representative of a r	Remoer		

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