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(Requestor's Name)				
(Address)				
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T. MATTHEWS MAR 23 2022

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: <u>HANDS</u>	N HEART IN HOME C	ARE, LLC nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Corpor	ate Maintenance Le	ead
		Name of Person	
	Proc	essing Department	
		Firm/Company	
	•	1450 Vassar St	
		Address	
		Reno, NV 89502	
		City/State and Zip Code	
	returno	locs@incauthority.com to be used for future annual report no	n (titleation)
For further information	concerning this matter, please c		ttreuton)
	sing Department	at (800) 638-2320	<u> </u>
Name	of Person	Area Code Daytir	ne 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)
	JNG ADDRESS: ration Section	STREET/COUR Registration Secti	IER ADDRESS:

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, Fl. 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 F= 11 PH 1: 23

	221
HANDS N	HEART IN HOME CARE, LLC
(<u>Name of the Limited L</u> (A F	HEART IN HOME CARE, LLC iability Company as it now appears on our records.) Torida Limited Liability Company)
	00/00/04
_	lity Company were filed on 03/22/21 and assigned
Florida document number L21000131624	
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e 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	e:
Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO.	X)
	registered office address on our records enter the name of the r
B. If amending the registered agent and/or registered agent and/or the new registered office	
registered agent and/or the new registered office Name of New Registered Agent:	
registered agent and/or the new registered office	
registered agent and/or the new registered office Name of New Registered Agent:	address here:

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>	Name	Address	Type of Action
MGR_	Caren Marriott	618 60Th Ave S., Saint Petersburg, FI	
		33705	Remove
			☑ Change
			Add
			Remove
			Change
			
			Remove
			Change
			□ Add
			□ Add
		 	Remove
			□ Change
			□ Add
			🗆 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	8
	0 to 1
	_
E. Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	605.0207 (3)(listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the bb). The 90th day after the record is filed.	earlier of:
Dated 01-28-2022,	
Signature of a member or authorized representative of a member Caren Marriot	
Typed or printed name of signee	

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Filing Fee: \$25.00