

K21000263255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

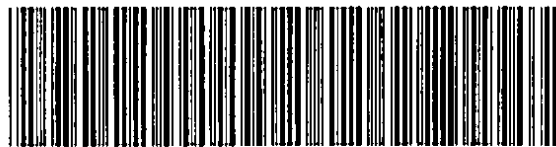
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700382913437

03/21/22--01036--003 **25.00

FILED

2022 MAR 21 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER
APR 07 2022

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Madea's Living Hand's, 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:

Stephen Humphrey
Name of Person

Madea's Loving Hands
Firm/Company

162 South Polk Ave
Address

Arcadia FL 34266
City/State and Zip Code

~~Stephen~~ humphreysabrina10@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Humphrey at (561) 255-6112
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

FILED

2022 MAR 21 AM 8:24

Madea's Living Hands LLC

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

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 6/7/2021 and assigned
Florida document number L21000263255

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Madea's Loving Hands LLC

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)

162 South Polk Ave.

Arcadia FL 34266

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

162 South Polk Ave.

Arcadia FL

34266

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:

Stephen Humphrey

New Registered Office Address:

162 South Polk Ave.

Enter Florida street address

Arcadia

City

Florida

34266

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.

Stephen Humphrey
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>
AMBR	Humphrey, Blanche	27289 Pkto Nacional Dr	<input type="checkbox"/> Add
		Punta Gorda FL 33983	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Hoskins, Takesha	1650 SE Hargrave St.	<input type="checkbox"/> Add
		Apt. 2102, Arcadia FL 34266	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

March 17
Dated 3/17 . 2022

Signature of a member or authorized representative of a member
Stephen Humphrey
Typed or printed name of signee

Filing Fee: \$25.00