

121000384069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

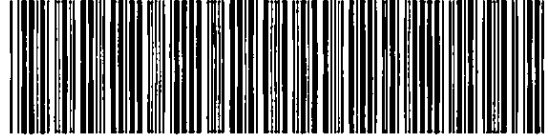
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/18/21 PM 1:11

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 OCT 12 PM 12:48

October 4, 2021

CARMEN CAIN  
3226 SEDON TRAIL  
JACKSONVILLE, FL 32208

SUBJECT: CC HELPINGS HANDS HOME HEALTH L.L.C  
Ref. Number: L21000384069

We have received your document for CC HELPINGS HANDS HOME HEALTH L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 321A00023975

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CC Helping Hands Home Health 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:

Carmen Cain  
Name of Person

CC Helping Hands Home Health LLC  
Firm/Company

3226 Seclon Trail  
Address

Jacksonville FL 32208  
City/State and Zip Code

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

For further information concerning this matter, please call.

Carmen Cain at 904 416-7337  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

CC Helping Hands Home Health 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 10-12-2021 and assigned Florida document number L21000384009

This amendment is submitted to amend the following:

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

CC Helping Hands Home Health LLC  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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**

**MGR =** Manager  
**AMBR =** Authorized Member

**AMBR = Authorized Member**

[illegible]

[illegible]

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)

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.

Signature of a member or authorized representative of a member

Carmen Cain  
Typed or printed name of signer

**Filing Fee: \$25.00**