

h21000512152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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2022 JAN 31 AM 9:23  
OFF STATE  
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REL

2022 JAN 31

FLORIDA DEPARTMENT OF STATE  
Division of Corporations SECRETARY  
TALLAHASSEE

January 7, 2022

FRANCIS P BRUNO  
2695 N. MILITARY TRL  
STE 24  
WEST PALM BEACH, FL 33409

SUBJECT: A LOVING HAND FACILITY CARE LLC  
Ref. Number: L21000512152

We have received your document for A LOVING HAND FACILITY CARE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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

Alecia Rivers  
Regulatory Specialist II

Letter Number: 322A00000544

2022 JAN 31 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A Loving Hand FACILITY CARE, 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:

Francis P Bruno  
Name of Person

A LOVING HAND FACILITY CARE, LLC  
Firm/Company

2695 N. Military Trl; Ste 24  
Address

WEST PALM BEACH, FL 33409  
City/State and Zip Code

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

For further information concerning this matter, please call:

FRANCIS P. Bruno at (561) 247-5775  
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

A LOVING HAND FACILITY CARE 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 12/03/2021 and assigned  
Florida document number L21000512152

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the 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:

(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

OFF STATE

Zip Code

2022 JAN 31

AM 9:23

**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>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Roneze BRUNO</u>	<u>4826 Andros DR, WPB, FL 33409</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>Roneze Bruno</u>	<u>4826 Andros DR, WPB, FL 33409</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>VP</u>	<u>FRANCIS BRUNO</u>	<u>4826 Andros DR, WPB, FL 33407</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>FRANCIS BRUNO</u>	<u>4826 Andros DR, WPB, FL 33407</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

