

122000020317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

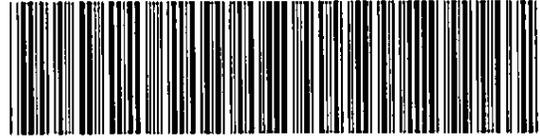
(Document Number)

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FEB - 8 2022

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11 21 2022 11:08 AM

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2022 JAN 21 PM 3:08
SECRETARY OF STATE
FALLASSEE, MISSISSIPPI

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Home
Two Additional Hands Companion
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:

Armando
Junior Flores
Name of Person

GO ~~Two Hands~~ Two Additional Hands Companion LLC
Firm/Company

27644 Imperial river Rd
Address

Bonita Springs FL 34134
City/State and Zip Code

duverneg27@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gloria Duverne at (239) 667-1546
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 JAN 21 PM 3:08

^{Care}
Two Additional Hands Home Companion
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/11/2022 and assigned Florida document number L22000020317.

This amendment is submitted to amend the following:

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

Two Additional Hands Home Companion 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)

27644 Imperial River Rd

Bonita Springs

FL, 34134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

27644 Imperial River Rd

Bonita Springs

FL 34134

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:

Gloria Duverne

New Registered Office Address:

27644 Imperial River Rd Bonita Springs ^{GD}
Enter Florida street address

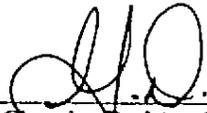
Bonita Springs
City

Florida

34134
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

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>
CEO MGR	Gloria Duverne	27644 Imperial River Rd Bonita Springs FL, 34134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR MGR	Junior Armondo Flores	27644 Imperial River Rd Bonita Springs FL, 34134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change misspelled LLC Name to
GD ~~Two He~~ Two Additional Hands Home Care Companion LLC.
CEO/MGR Gloria Duverne

Junior Armando Flores AMBR Co-CEO

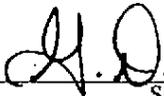
E. Effective date, if other than the date of filing: 1/12/2022 (optional)

(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.

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.

Dated 1/12, 2022.



Signature of a member or authorized representative of a member

Gloria Duverne

Typed or printed name of signee