

h22000081505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

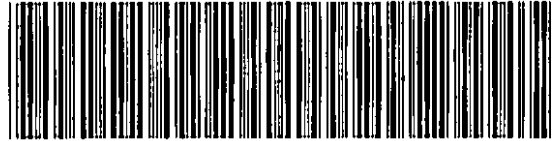
(Business Entity Name)

(Document Number)

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

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2022 AUG -1 PM 4:12  
RECEIVED

1/1/22



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 NOV - 1 AM 10:03

SE  
1

October 8, 2022

IVY CARTER WILLIAMS  
LOVINTENDERCARE  
11065 NW 39TH ST APT 204  
SUNRISE, FL 33351

SUBJECT: LOVINTENDERHANDS, LLC  
Ref. Number: L22000081505

We have received your document for LOVINTENDERHANDS, LLC 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 registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams  
EXECUTIVE ASSISTANT

Letter Number: 622A00022520

2022 AUG - 1 PM 1:23  
SE  
1

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AGAPELUV PARTY RENTAL  
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:

IVY CARTER WILLIAMS  
Name of Person

LOVINTENDERCARE  
Firm/Company

11065 NW 39<sup>th</sup> Apt 204  
Address

Sunrise FL 33351  
City/State and Zip Code

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

For further information concerning this matter, please call:

IVY CARTER WILLIAMS at (954) 260-1930  
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**

AGAPELUV PARTY RENTAL LLC

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

2022 AUG - 1 PM 4:30  
OFFICE

The Articles of Organization for this Limited Liability Company were filed on 02/18/2022 and assigned Florida document number L22000081505.

This amendment is submitted to amend the following:

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

Lovintenderhands, 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)*

11065 NW 39th Apt 204  
Sunrise, FL 33351

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

*(Mailing address MAY BE A POST OFFICE BOX)*

SAME AS ABOVE

**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:

IVY, CARTER WILLIAMS

New Registered Office Address:

11065 NW 39th Apt 204

*Enter Florida street address*

Sunrise, Florida 33351  
*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]

2012 AUG - 1 PM 4: 23

2012 AUG -1 PM 4:23

**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.

Dated July 22nd, 2022

*[Handwritten signature]*

Signature of a member or authorized representative of a member

Iva Williams

Typed or printed name of signee

**Filing Fee: \$25.00**