

L22DOB160403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2022 JUN 23 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FL

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2022 JUN 23 PM 2:01

CLERK OF SUPERIOR COURTS
TALLAHASSEE, FLORIDA

A. BUTLER
JUN 23 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grace's Grateful Hands Care Agency 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:

Vetrice Allen
Name of Person

Grace's Grateful Hands Care Agency LLC
Firm/Company

5322 N.W. 20th Way Apt B
Address

Gainesville FL 32653
City/State and Zip Code

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

For further information concerning this matter, please call:

Vetrice Allen at (352) 575-4602
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 JUN 23 PM 2:31

Grace's Grateful Hands Care Agency 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 _____ and assigned
Florida document number 22000160403.

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: _____

Vetrice Allen

New Registered Office Address: _____

5322 NW 20th Way Apt B

Enter Florida street address

Gainesville

Florida

32653

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.

Vetrice Allen

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>
MGR	Donkin, Suzanne	5322 N.W. 20 th Way Apt B	<input type="checkbox"/> Add
		Gainesville, FL 32653	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Uetrice, Allen	5322 N.W. 20 th Way Apt B	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32653	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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)

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 23rd of June, 2022.

Valerie Allen
Signature of a member or authorized representative of a member

Uetrice Allen
Typed or printed name of signer

Filing Fee: \$25.00