

11/16/22, 2:50 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L2200040142

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000391588 3)))



H220003915883ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : HUBCO  
 Account Number : 104662003400  
 Phone : (516)935-3940  
 Fax Number : (516)935-3088

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: TPASICK0810@YAHOO.COM

2022 NOV 16 11:33:51

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 HANDS SAVES HEARTS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

RECEIVED  
 NOV 16 2022  
 8:58 AM

APPROVED  
 AND  
 FILED

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 17 2022  
 C. Brumbley

DocuSign Envelope ID: 4C5D462E-0B9A-4097-A823-B42ADB70B4EA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H22000391588

**HANDS SAVES HEART 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 OCTOBER 27, 2022 and assigned Florida document number L22000461142.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

11161 E State Rd 70 Ste 110-606

**(Principal office address MUST BE A STREET ADDRESS)**

Lakewood Ranch, FL 34202

**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*

2022 NOV 16 AM 8:58  
FILED  
AND  
APPROVED

**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

DocuSign Envelope ID: 4C5D462E-0B9A-4097-A823-B42ADB70B4EA

H22000391588

in amending the managers or authorized member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

DocuSign Envelope ID: 4C5D462E-0B9A-4097-A823-B42ADB70B4EA

H22000391588

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

---



---



---



---



---

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 16, 2022

DocuSigned by:

*Tiffany Pasick*

Signature of a member c. 05FC0357A8932400...ive of a member

Tiffany Pasick

Typed or printed name of signee