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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:





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COVER LETTER

TO:	Registration So Division of Cor			
SUBJEC		NG HANDS LLC		
SOBJEC		Name of Lin	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		CLAUDETTE M GARNE	CR.	
			Name of Person	
		JAX CARING HANDS L	LC	
			Firm/Company	
		107 SOUTH APOLLO DE	RIVE	
			Address	
		APOPKA, FL 32703		
			City/State and Zip Code	
		elmgarner@gmail.com		
		E-mail address: (to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please ca	all:	
CLAUD	ETTE M GARN	IER	904 236-7229 at ()	
	Name o	f Person		ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
	Registration S Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

_ Jax Carina Ho	ande Us	2024 APR -1 pm 4: 04
(Name of the Limited Lability Co (A Florida Lim	ompany as it now appears or lited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
Florida document number		
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 I		of the state of th
the new name must be distinguishable and contain the words "Limited t	Liability Company, the desig	nation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:	-	
New Registered Office Address:		
	Enter Florida :	treet address
		, Florida Zip Code
	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 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>	Address	Type of Action
AMBR	CLAUDETTE C GARNER	107 SOUTH APOLLO DRIVE	
		APOPKA,F1, 32703	
AMBR	IBRAHIM C NIANG	107 SOUTH APOLLO DRIVE	
		APOPKA.F1. 32703	
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			Remove
		.	□ Remove
			□Change

Effective date, if other than the date of filing: MARCH 24, 2024 (optional) (fan 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. Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State is records. The effective date on the Department of State is records. The effective date on the Department of State is records. The effective date will not be listed as to document's effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. The effective date on the Department of State is records. Signature of a member of authorized representative of a member CLAUDETTE M GARNER		
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