

L240000S7045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

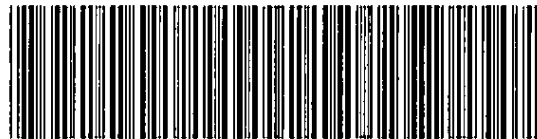
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

On May 28, 2024, Ms. Hodge
gave me permission over
the phone to add her new
mailing address 3100
South Fulmer Cir. Tallahassee
FL 32303 Anissa Butn.

Regulatory Specialist, Amendment
Office Use Only
Section 41:00p.m.



700429990637

2024 MAY 28 PM 1:18

2024 MAY 28 PM 2:53

RECEIVED

Office of the Secretary
Tallahassee, Florida

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Helping Hands Quality Homecare 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:

Samantha Wade

Name of Person

Helping Hands Quality Homecare LLC

Firm/Company

8745 Celia Rd

Address

Tallahassee FL, 32305

City/State and Zip Code

Tayannaervinc@yahoo.com

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

For further information concerning this matter, please call:

Tayanna Hogde

Name of Person

at 850, 692-4785

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**

Helping Hands Quality Homecare 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 _____ and assigned
Florida document number 24000057045

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) _____

3100 South Fulmer Cir
Tallahassee, FL 32303

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

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>
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MGR	Samantha Wade	8745 Celina Rd	<input type="checkbox"/> Add
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		Tallahassee FL 32305	<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I Samantha Wade is removing myself from LLC.
Only Person that should be listed is Tayanna Hodge.
And have no ownership or rights to Helping Hands Quality Homecare LLC.

2024.11.28 PM 1:48
34/11

E. Effective date, if other than the date of filing: _____ (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 May 28, 2024

Samantha Wade

Signature of a member or authorized representative of a member

Samantha Wade

Typed or printed name of signee