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SECRETARY OF STATE

TALLAHASSEE, FL2025 JAN 21 PM 12: 53

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
SUBJECT. Patty's Girl	Heavenly Hands Homecare LL	.C			
30 0 0000 1.		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Latavia Challneger				
		Name of Person			
		Firm/Company			
	861443 Worthington Drive			2025 SEC	
		Address		2025 JAN 21 PH 12: 57 SECRETARY OF STATE TALLAHASSEE, FL	
	Yulee/Florida 32097			HASS	
	pattysgirlheavenly@gmail.c	City/State and Zip Code		#12: 1 % ST %E. F	Ţ
		to be used for future annual report notif	ication)	ATE ATE	
For further information c	oncerning this matter, please c	all:			
Latavia Challenger		at (910) 299-2466			
Name o	f Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for the	ne 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 Certificate of Certified Co (additional cop	of Status &	
Mailing Address Registration S		Street Address: Registration Sec	ction		
Division of C	orporations	Division of Cor	porations		
P.O. Box 6327		The Centre of T	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Patty's Girl Heavenly Hands 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 April 2024 and assigned Florida document number L-24000137456 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 newTegist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

. Florida _

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	SHEEKERIA HARGRAVE	861443 Worthington Drive Yulee, FL 32097	≣ Add
			⊡Remove
			□Change
			□Add
			□Remove
			©Change
	·		SECRETATORETATORE
			H-TORemove FILE OF Change
			FATE Add
			□Remove
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			□ Change
			□Add
			⊡Remove
			□Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
2025 SEC Tr	
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AN 21 PMI CAHASSER	ì
Effective date, if other than the date of filing:	207 (3 Las tl
he 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 ord is filed.	:he
Dated 1/21/2025	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	
Typed or printed name of signee	

Filing Fee: \$25.00