

L24000150163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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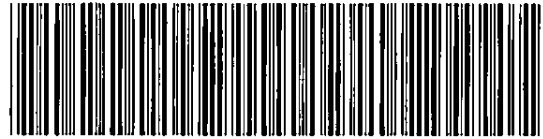
(Business Entity Name)

(Document Number)

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04/17/21--01029--007 **29.00

FILED

2024 APR 17 AM 7:07

CLERK OF COURT
JULIA L. HARRIS
TALLAHASSEE, FL

AB

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CEF HELPING HANDS 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:

CLEMENE E FRANCOIS

Name of Person

CEF HELPING HANDS LLC

Firm/Company

2566 DORSON WAY

Address

DELRAY BEACH, FL 33445

City/State and Zip Code

CLEMENE7@GMAIL.COM

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

For further information concerning this matter, please call:

CLEMENE E FRANCOIS

561 860-2662
at ()

Name of Person

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**

FILED

CEF HELPING HANDS LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2025 APR 17 AM 7:07

The Articles of Organization for this Limited Liability Company were filed on 03/28/2024
Florida document number L24000150103

SLO. STATE
TALL and assigned

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:

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

[illegible]

(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.



CLEMENE E. FRANCOIS

Filing Fee: \$25.00

State of Florida

Department of State

I certify from the records of this office that CEF HELPING HANDS LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on March 28, 2024, effective March 27, 2024.

The document number of this company is L24000150103.


I further certify that said company has paid all fees due this office through December 31, 2024, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 240402132033-100426709261#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Second day of April, 2024




Cord Byrd
Secretary of State