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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

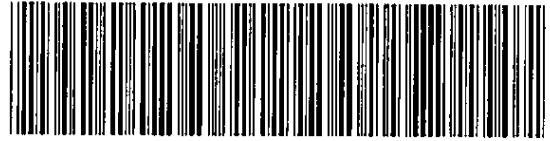
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TALLAHASSEE, FLORIDA  
DIVISION OF REVENUE  
STATE OF FLORIDA

RECEIVED

8/1/24

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: HELPFUL HANDS A & M ASSISTANT LIVING 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:

MELISSA ORTS

Name of Person

HELPFUL HANDS A & M ASSISTANT LIVING LLC

Firm/Company

4830 SW 114 CT

Address

MIAMI, FL 33165

City/State and Zip Code

MELYORTS1026@YAHOO COM

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

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STATE  
SECRET  
FEB 11 AM 10:11

For further information concerning this matter, please call:

MELISSA ORTS

305

244-0078

Name of Person

at ( )

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 32309

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HELPFUL HANDS A & M ASSISTANT LIVING 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 06/19/2024 and assigned  
Florida document number L24000278281

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

IMMIGRATION SOLUTIONS AND SERVICES LLC

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

City Florida 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**

\_\_\_\_\_

AMBR = Authorized Member

Type of Action

☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add

 Remove

☐ Change☐ Add

☐ Remove

☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

1950

### CHANGE OF COMPANY NAME

### CHANGE OF COMPANY NAME

AMNO: 11  
STATE  
MISSISSIPPI

**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.

Dated 08/01/2024

**Dated**

Signature of a member or authorized representative of a member

Melissa Orts

Typed or printed name of signee

**Filing Fee: \$25.00**