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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

mail	Address:	 	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HANDS OF FAITH NURCING ACADEMY LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
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K. SALY

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## **COVER LETTER**

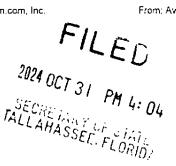
		tion Section of Corporations
SHRIKCT	HAN	NDS OF FAITH NURCING ACADEMY LLC
30001201	· ••••••	Name of Limited Liability Company
The enclose	ed Artic	eles of Amendment and fee(s) are submitted for filing.
Please retu	m all co	prespondence concerning this matter to the following:
		Mike Town
		Name of Person
		Legalzoom.com, inc.
		Firm <sup>2</sup> Company
		9900 Spectrum Dr
		Address
		Austin, TX 78717
		City/State and Zip Code HANDSOFFAITHNURSING@GMAIL.COM
		E-mail address: (to be used for future annual report notification)
For further i	informat	tion concerning this matter, please call:
Mike Town		\$00 773-0858
	Ne	at () and of Person Area Code Daytime Telephone Number
Enclosed is a	a check	for the following amount:
□ \$25.00 F	Filing Fo	ce □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301 .

To

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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any as it now appears on our records.) Liability Company)	
y were filed on 06/21/2024	and assigned
bility company here:	
ility Company," the designation "LLC" or the	abbreviation "L L.C."
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MIAMI GARDENS, FL 33169	
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Enter Fluedo merci adirect	
Civ. , Florida	Zıp Code
	pility company here:  lity Company," the designation "LLC" or the  18441 NW 2ND AVE STE 302  MIAMI GARDENS, FL 33169  Enter Flyrida socci address  Florida

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

To:

.

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	Diane R. Petit-Frere	18441 NW 2ND AVE STE 302 MIAMI GARDENS, FL 3316 <b>9</b>	_
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AMBR	PETTT-FRERE, MARIE YOLANDE		
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n effect <u>ete:</u> If	the date, if other than the date of filing:  (optional)  ctive 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, if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	.0207 (3) ed as the
recoi he 9	and specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlies $90th$ day after the record is filed.	er of:
.ed	October 26. 2024.	
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Page 3 of 3

Filing Fee: \$25.00