## N11000002721

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S. PRATHER

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	L & N Caring Hands	s Inc.		
	N17000002727			
DOCUMENT NUMBER:				
The enclosed Articles of A	mendment and fee are subi	mitted for filing.		
Please return all correspond	dence concerning this matte	er to the following:		
Alfred L. Cole				
		(Name of Contact Pe	erson)	
L & N Caring Hands Inc.				
		(Firm/ Company	/)	
3830 S.E. 19th Ave.				
		(Address)		
Gainesville, Florida 32641				
	<u>.</u>	(City/ State and Zip	Code)	<del></del>
Landncaringhandsinc@yal	noo.com			
	E-mail address: (to be used	for future annual rep	ort notification	1)
For further information con	cerning this matter, please	call:		
Alfred Cole		at	352	301-1002
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable to the Florida I	Department of S	State:
☐ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi Certifi	0 Filing Fee icate of Status ied Copy tional Copy is sed)
Mailing 7	<u>Address</u>	Str	eet Address	
	ent Section	Arr	endment Secti	
Division (	of Corporations	Div	ision of Como	rations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

L & N Caring Hands Inc.		
(Name of Corporation as cur	rently filed with the Flo	rida Dept. of State)
N17000002727		
(Document Nu	mber of Corporation (if k	(nown)
Pursuant to the provisions of section 617.1006, Florida Staumendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
n/a		That same
name must be distinguishable and contain the word "corpo" (Company" or "Co." may not be used in the name.	pration" or "incorporate	The new d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	n/a	-
(Principal office address MUST BE A STREET ADDRES	<u>55</u> )	17 TAL
		JUL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	- 3 - 3 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
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		<u> </u>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered offic	ffice address in Florida.	enter the name of the
Alfrad	L. Cole	
Name of New Registered Agent:	r. core	
3830 S	. E. 19th Ave.	
New Registered Office Address:	(F	lorida street address)
Gaines	ville	. Florida 32641
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		the obligations of the position.
	Signature of New Regist	tered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	$\underline{V} = \underline{Mil}$	n Doe ge Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	p	Nina Cole	12140 W. State Rd. 235
Add			Alachua, Fłorida 32615
X Remove			
2) X Change	þ.	Alfred L. Cole	3830 S.E. 19th Ave
Add			Gainesville, Fl. 32641
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(ве ѕресуіс)
<del></del>	
<u> </u>	
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<del></del>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
June 27, 2017  Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated June 27, 2017	્ર <sub>િ</sub>
Signature (By the chairman or vice chairman of the board, president or other officer-if directors	JUL -3
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	P II
A. L. Cole (Typed or printed name of person signing)	6: 4.7
President	
(Title of person signing)	