that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE MACIAS

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

MACIAS, JOSE 15776 NW 91 CT HIALEAH, FL 33018 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR
Name	MACIAS, JOSE
Address	15776 NW 91 CT
City-State-Zip:	HIALEAH FL 33018

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

Certificate of Status Desired: No

FILED Mar 06, 2024 Secretary of State 5553515440CC

> 03/06/2024 Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000202899

Entity Name: HELPING HANDS COMMUNITY SERVICES LLC

Current Principal Place of Business:

1601 N PALM AVE #205 PEMBROKE PINES. FL 33026

Current Mailing Address:

1601 N PALM AVE #205 PEMBROKE PINES. FL 33026 US

FEI Number: 83-1809393

PRESIDENT

03/06/2024

Date