

L 11000021283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

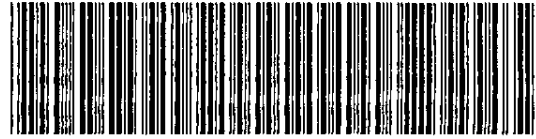
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500197244965

03/11/11--01006--010 **25.00

FILED
11 MAR 11 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
MAR 15 2011

AT HOME CARE LLC

300 71ST St., Suite #308

Miami Beach, FL 33141

Employer Identification Number: 27-5042283

FL Doc # = L11000021283

March 7, 2011

To Whom It May Concern,

I am writing to request an update to the address and spelling of our LLC name for our business: AT HOME CARE LLC.

- 1) The correct name is = **AT HOME CARE LLC** - Please note there should be no comma separating the name from "LLC" and no punctuation in the name.
- 2) The correct business address is = **300 71st St., Suite #308, Miami Beach, FL 33141** rather than the address on 69th street, which is my home address. I believe the address may have been updated by email request on March 7, but I would like to confirm this.

Both Christopher Betschart and I, Christie Samoville, are managing partners and appreciate your assistance in this matter.

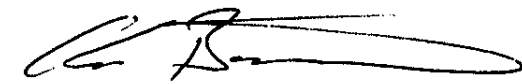
If there is any way to expedite this request, it would be greatly appreciated!!

Thank you Very much for your time and assistance.

Sincerely,



Christie Samoville



Christopher Betschart

At Home Care LLC

305-509-1038

AtHomeCareMiami@gmail.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AT HOME CARE 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:

Christie Samoville
Name of Person
AT HOME CARE LLC
Firm/Company
300 71st. #308
Address
Miami Beach FL. 33141
City/State and Zip Code
athomecaremiami@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christie Samoville at (**305**) **509-1038**
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
11 MAR 11 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AT HOME CARE, 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 Feb. 18 2011 and assigned
Florida document number L11000021283.

This amendment is submitted to amend the following:

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

AT HOME CARE LLC

The new name must be distinguishable and end with 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)

AT HOME CARE LLC

300 71 St. #308

Miami Beach FL. 33141

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

300 71 St. #308

Miami beach FL.

33141

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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

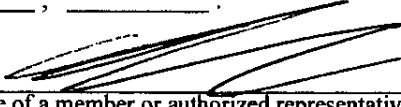
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____



Signature of a member or authorized representative of a member

Christie Samoville

Typed or printed name of signee