## L11000078982

| (Requestor's Name)                      |
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|   |
| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |

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A. LUNT

AUG 26 2011

EXAMINER

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August 1, 2011

FREDERICK GRANT 601 N CONGRESS AVE. DELRAY BEACH, FL 33445

SUBJECT: ELITE COMPANION AND HOMEMAKER SERVICES.LLC

Ref. Number: L11000078982

We have received your document for ELITE COMPANION AND HOMEMAKER SERVICES.LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 911A00018045

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

**Registration Section** TO: **Division of Corporations** 

SUBJECT: ELITE COMPANION AND HOMEMAKER SERVICES, LLC

Name of Limited Liability Company

|                              | mendment and fee(s) are submitted for filing.   |             |      |
|------------------------------|---|-------------|------|
| Please return all correspond | dence concerning this matter to the following:  |             |      |
|                              | FREDERICK GRANT   |             |      |
|                              | Name of Person  |             |      |
|                              | Firm/Company  |             |      |
|                              | 601 N CONGRESS AVENUE   | <b>4</b>    |      |
|                              | Address   | A A         | **** |
|                              | DELRAY BEACH, FL 33445  | ZOLI AUG 25 |      |
|                              | City/State and Zip Code roberta19381@hotmail.com  | 77          |      |
|                              | E-mail address: (to be used for future annual report notification)  |             | £    |
| For further information con  | ncerning this matter, please call:  | <b>7 3</b>  |      |
|                              | RICK GRANTat (_561 ) 265-2229   | · <u> </u>  |      |
| Name of P                    | Person Area Code & Daytime Telephone Number   |             |      |
| Enclosed is a check for the  | following amount:   |             |      |
| \$25.00 Filing Fee [         | \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Certi | of Status & |      |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

## ELITE COMPANION AND HOMEMAKER SERVICES, 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 C   | Company were filed on                                 | JULY 8, 2011                                      | and assigned                              |
|---|---|---|---|
| Florida document number L11000078982  | ·   |   |   |
| This amendment is submitted to amend the following:   |   |   |   |
| A. If amending name, enter the new name of the lim  | ited liability company her                            | <u>·e</u> :                                       |   |
| The new name must be distinguishable and end with the wo "L.L.C."   | ords "Limited Liability Compa                         | any," the designation "Ll                         | C" or the abbreviation                    |
| Enter new principal offices address, if applicable:   |   |   |   |
| (Principal office address MUST BE A STREET ADDI   | RESS)   |   |   |
|   |   |   |   |
|   |   |   |   |
| Enter new mailing address, if applicable:   |   | 27  | 28  |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | <u> </u>  |   |
|   |   | A   | <u> </u>                                  |
|   |   | ()<br>()  | 2 લા 🗀                                    |
| B. If amending the registered agent and/or regis registered agent and/or the new registered office add  |   | our records, enter th                             |   |
|   |   |   |   |
| Name of New Registered Agent:   |   | DA<br>DA  | 1   |
| New Registered Office Address:  |   |   |   |
| Tropiciona office realism.  | Enter Florida street address                          |   |   |
|   | , Florida   |   |   |
|   | City  |   | Zip Code                                  |
| New Registered Agent's Signature, if changing Registere   | ed Agent:   |   |   |
| I hereby accept the appointment as registered agent<br>the provisions of all statutes relative to the proper a<br>accept the obligations of my position as registered a | nd complete performance<br>gent as provided for in Cl | of my duties, and I ar<br>hapter 608, F.S. Or, ij | n familiar with and<br>f this document is |
| being filed to merely reflect a change in the registered  | ed office address, I hereby                           | arphi confirm that the limi                       | ited liability                            |

company has been notified in writing of this change.

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> ~         | Name   | Address  | Type of Action    |  |  |  |
| MGRM                   | AMERICARE CONSULTANTS  J STAFFANG SOLYTION IN      | 601 N CONGRESS AVENUE-425<br>DELRAY BEACH, FL 33445          | Add<br>_☑ Remove  |  |  |  |
| MGRM                   | AMERICARE CONSULTANTS  + STUFFFING SOLUTIONS TOURS | 7823 MARQUIS RIDGE LANE<br>LAKE WORTH, FL 33467              | ✓ Add ☐ Remove    |  |  |  |
|                        |  |  | Add<br>Remove<br> |  |  |  |
|                        |  |  | Add<br>Remove     |  |  |  |
|                        |  |  | Add<br>Remove<br> |  |  |  |
|                        |  |  | Add<br>Remove     |  |  |  |
| D. If amo              | ending any other information, enter change(s       | s) here: (Attach additional sheets, if necessary.)           | _                 |  |  |  |
| -                      |  | Au,  | . 20 j            |  |  |  |
| -<br>-                 |  | AHASSEE<br>HASSEE  | F 12              |  |  |  |
| Dated                  | ·  | , FLORI  |                   |  |  |  |
|                        | FUGACUE  | authorized representative of a member printed name of signee | <b>(5)</b>        |  |  |  |

Page 2 of 2

Filing Fee: \$25.00