L15000187665

(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:

wrong form

Office Use Only

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JUN 17 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2020

DONNA SATAHOO
8600 NW 38TH ST, #298
SUNRISE, FL 33351

SUBJECT: JABO HOME HEALTH SERVICES LLC
Ref. Number: L15000187665

We have received your document for JABO HOME HEALTH SERVICES LLC and your check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 120A00001278

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jabo Home Health Services 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:

Donna Safaloo
Name of Person

Jabo Home Health Services LLC
Firm/Company

2255 Glades Rd. Suite 324A
Address

Boca Raton, FL 33431
City/State and Zip Code

info@jnaihomehealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Safaloo at (954) 709-3607
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020 JUN 12 PM 2:23

6/12/2020 [illegible]

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2020 JUN 12 PM 3:47

Sibo Home Health Services LLC

(Name of the Limited Liability Company as it now appears on the records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L15000187665

This amendment is submitted to amend the following:

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

Sibo Home Health Services LLC.

The new name must be distinguishable and contain 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)

2255 Glades Rd. Suite 324A
Boca Raton, FL 33431

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6600 NW 35th St. #298
Sunrise, FL 33351

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 relating 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

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

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Title	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change

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

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 605.0207 (3)(b):
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated June, 2020

Signature of a member or authorized representative of a member

Dana Tatkow

Typed or printed name of signer

Filing Fee: $25.00