L16000074941

(Requestor's Name)

Miami Supreme Home Health
15565 SW 10 LN
Miami FL 33194

(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

400283593764

03/21/16--01030--023 **35.00

16 MAY -9 AM 7:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 10 2016
J SHIVERS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2016

MIAMI SUPREME HOME HEALTH
15565 SW 10 LN
MIAMI, FL 33194

SUBJECT: MIAMI SUPREME HOME HEALTH CARE LLC
Ref. Number: L16000043482

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

YOU ARE A LIMITED LIABILITY COMPANY. PLEASE COMPLETE THE ENTIRE FORM.

The attached form must be completed in order to file the document.

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.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 516A00006231

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Miami Supreme Home Health 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:

Miguel Valdes
Name of Person

Miami Supreme Home Health Care LLC
Firm/Company

15565 SW 104 Ln
Address

Miami FL 33193
City/State and Zip Code

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

For further information concerning this matter, please call:

Miguel Valdes at (305) 910-7566
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

Miami Supreme Home health 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 03/02/2016 and assigned Florida document number L16000043482.

This amendment is submitted to amend the following:

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

Miami Supreme Home 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)

9600 SW 8ST, Ste 2
Miami FL 33174

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

PO. BOX 832856
MIAMI FL 33283-2856

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:

16 MAY -9 PM 7:0

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 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

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.)*

16 MAY -9 AM 7:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 May 2, 2016.

Signature of a member or authorized representative of a member

Miguel Valdes
Typed or printed name of signee

Filing Fee: $25.00