

11/3/2020

Division of Corporations

L19000027726

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : EDDIE FERNANDEZ, PA
 Account Number : I20190000058
 Phone : (407)574-5009
 Fax Number : (407)574-5953

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SJohnson@Fernandez-legal.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
P&M ELDER CARE SERVICES, LLC

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: P&M ELDER CARE 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:

Sophya Johnson
Name of Person

Eddie Fernandez, PA
Firm/Company

135 W. Central Blvd., Suite 300
Address

Orlando, FL 32801
City/State and Zip Code

sjohnson@fernandez-legal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sophya Johnson at (407) 574-5009
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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P&M ELDER CARE 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 Company were filed on 11/06/2019 and assigned Florida document number L19000277126

This amendment is submitted to amend the following:

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

Long Term Concierge LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

800 N. Magnolia Ave

Suite 1825

Orlando, FL 32803

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

800 N. Magnolia Ave

Suite 1825

Orlando, FL 32803

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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: Eddie Fernandez, PA

New Registered Office Address: 135 W. Central Blvd., Suite 300

Enter Florida street address

Orlando, Florida 32801 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.

Eddie Fernandez Signature of New Registered Agent

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARTINEZ, LOURDES V	1640 LEE ROAD	<input type="checkbox"/> Add
		WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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 11-3-2020

Signature of a member or authorized representative of a member

Christina Pinto

Typed or printed name of signer

Filing Fee: \$25.00

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