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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

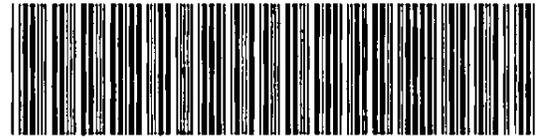
(Business Entity Name)

(Document Number)

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2020 MAR 24 11:15

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MAR 14 2020

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Armstrong Healthcare, 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:

Isabella Armstrong  
Name of Person

Armstrong Healthcare, LLC  
Firm/Company

1090 Wedgewood Ln  
Address

Titusville, FL 32780  
City/State and Zip Code

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

For further information concerning this matter, please call:

Isabella Armstrong at (321) 349-4609  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Serenity Haven Home Care LLC 2020 FEB 24 11:11:15  
(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 1/23/2020 and assigned Florida document number 220000028994.

This amendment is submitted to amend the following:

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

Armstrong Healthcare 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:

Same as before

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Simplified Legal

New Registered Office Address:

140 Tomokawk Dr #67

Enter Florida street address

Indian Harbour Bch Florida 32937  
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, 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>
<u>CEO</u>	<u>Isabella Armstrong</u>	<u>1090 Wedgewood Ln</u>	<input checked="" type="checkbox"/> Add
		<u>Titusville, FL 32780</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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