

K20000256041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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2021 DEC 13 PM 2:43
CORPORATE SERVICES
TALLAHASSEE, FL

FILED

Name Change

STATE OF FLORIDA
TALLAHASSEE
D CUSHING

12/04/2021

To Whom it may Concern

My name is Erica Dauphin and I am the owner of Pure Heart Adult Family Care Home LLC with document # L20000256041. I am voluntarily ~~to~~ amended its name for Pure Heart Care Services LLC that I own also with document # L21000503860. Because I am voluntarily dissolved Pure Heart Care Services LLC.

Thank you for your understanding

Sincerely, Erica Dauphin

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pure Heart Adult Family Care Home 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:

ERICA DAUPHIN
Name of Person

Firm/Company

330 Michigan Lane
Address

Kissimmee / FL / 34759
City/State and Zip Code

Edauphin33@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erica Dauphin at (954) 534-4732
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

2021 DEC 13 PM 2:43
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FL

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Pure Heart Adult Family Care Home LLC

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

2021 DEC 13 PM 2:43
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RECORDS & MAIL

The Articles of Organization for this Limited Liability Company were filed on 08/20/2020 and assigned

Florida document number L20000256041

This amendment is submitted to amend the following:

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

Pure Heart Care 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

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.

N/A

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

