

L21000346380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

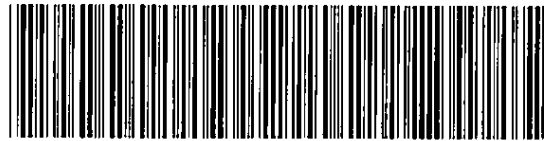
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100422178501

01/25/24--01012--009 **30.00

2024 JAN 25 PM 3:49
CLERK OF STATE
TALLAHASSEE, FL

FILED

KH
2/7/24

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Home Healthcare of Fort Lauderdale LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis Salmun

Name of Person

Home Healthcare of Fort Lauderdale LLC

Firm/Company

488 NE 18th St - Unit 4911

Address

Miami, FL 33132

City/State and Zip Code

LMSALMUN@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Salmun

754

202-4343

at ()

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)

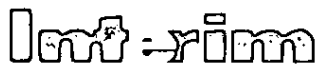
Mailing Address:

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

FILED
2024 JAN 25 PM 3:49
TALLAHASSEE, FL
STATE



January 22, 2024

Registration Section
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear sir or madam,

Please find enclosed a request for amendments to the LLC entitled: Home Healthcare of Fort Lauderdale LLC (FL doc # L21000346380, EIN 87-2025807).

We are requesting a change in the name of the Registered agent, and the removal of 3 authorized members.

Thank you so much for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Luis M Salmun". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Luis M Salmun, MD
Owner/Administrator
Home Healthcare of Fort Lauderdale LLC (DBA: Interim Healthcare of Fort Lauderdale South)
LSALMUN@interimhealthcare.com
754-202-4343

FILED
2024 JAN 25 PM 3:49
OFFICE OF THE CLERK
TALLAHASSEE, FL

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

Home Healthcare of Fort Lauderdale 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 August 2, 2021 and assigned
Florida document number L21000346380.

This amendment is submitted to amend the following:

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

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)

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:

Luis Salmun

New Registered Office Address:

488 NE 18th St - Unit 4911

Enter Florida street address

Miami

Florida

33132

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>
AMBR	Scott Salmon	488 NE 18th St, Unit 4911	<input type="checkbox"/> Add
		Miami, FL 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Graham Salmon	488 NE 18th St, Unit 4911	<input type="checkbox"/> Add
		Miami, FL 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Celia Zinger	488 NE 18th St, Unit 4911	<input type="checkbox"/> Add
		Miami, FL 33132	<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
			<input type="checkbox"/> Change

FILED
2024 APR 23 PM 3:49
CLERK OF DISTRICT COURT
STATE OF FLORIDA

2021

(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)

Pursuant to 605.0207 (3)(b)
will not be listed as the

Dated January 22, 2024

Luis Salmen

Filing Fee: \$25.00