



# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANDECO ENDERLY 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:

DECCI MOLINA DE CABELLO

Name of Person

ANDECO ELDERLY CARE LLC

Firm/Company

14744 DAY LILY CT

Address

ORLANDO FL. 32824

City/State and Zip Code

deccym@andecocare.com

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

For further information concerning this matter, please call:

DECCI MOLINA DE CABELLO

407

433-9604

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

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

ANDECO ENDERLY 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 08/23/22 and assigned Florida document number L22000370193.

This amendment is submitted to amend the following:

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

ANDECO ELDERLY CARE 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)

401 N MILLS AVE

SUITE B

ORLANDO FL. 32803

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14744 DAY LILY CT

ORLANDO, FL. 32824

2024 FEB 20 AM 8:15  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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: \_\_\_\_\_

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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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 DECEMBER, 11 2023

Handwritten signature of Decci Molina de Cabello

Signature of a member or authorized representative of a member

DECCI MOLINA DE CABELLO

Typed or printed name of signee

February 12, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

P.O. BOX 6327

Tallahassee, Florida 32314

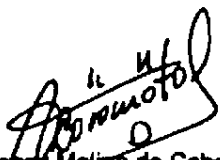
SUBJECT: ANDECO ELDERLY CARE LLC

Ref. Number: L22000379565

I, DECCY MOLINA DE CABELLO, am the owner of ANDECO ELDERLY CARE LLC, # L22000379565. This company was dissolved on 09/22/2023, and I have no intentions of reinstating it. Therefore, I asked you to, please, release the name for possible use to another entity.

If you have any questions concerning the filing of your document, please email me at:  
deccymolinadecabello@gmail.com

Truly yours,



Deccy Molina de Cabello  
Andeco Elderly Care LLC  
14744 Day Lily Ct  
Orlando, Florida 32824