L230000 807 33

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Cliny Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Cor			
eup ir c		t Home Healthcare Services, L	LC	
SUBJEC	.1:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		Robert Benitez		
			Name of Person	_
		HealthTrust Home Healtho	eare Services LLC	, ,
			Firm/Company	- '
		1050 NW 192 Ave		
			Address	- ; :
		Pembroke Pines FL 33029		. (
			City/State and Zip Code	7.
		HealthTrustHHC@gmail.co	to be used for future annual report notification)	•
For furth	er information c	oncerning this matter, please c		
Robert B		oncerning and manter, preude e	786 3975404	
		f Person	at () Area Code Daytime Telephone Numb	er
	rame o	11. (1301)	Med code Bayana Totaphora Mana	-
Enclosed	l is a check for th	ne following amount:		
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	Filing Fee, cate of Status & cd Copy al copy is enclosed)
	Mailing Address Registration S Division of C	Section	Street Address: Registration Section Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
	F	lorida
New Registered Office Address:	Enter Florida street addre	258
N. D. Carried Office Address		
Name of New Registered Agent:	<u>_</u>	
If amending the registered agent and/or registe ent and/or the new registered office address here		the name of the new register
16	and office address on any manager and	e the name of the new registe
<u> Iailing address MAY BE A POST OFFICE BOX)</u>		
nter new mailing address, if applicable:		<u> </u>
		<u> </u>
rincipal office address MUST BE A STREET AD	DRESS)	., !
ter new principal offices address, if applicable:		
new name must be distinguishable and contain the words "L	.imited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
If amending name, enter the new name of the li	imited liability company here:	
his amendment is submitted to amend the following:		
	·	
orida document number L23000080723	Company were fried on	and assigned
e Articles of Organization for this Limited Liability	Company were filed on February 14, 202	and assigned
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our record rida Limited Liability Company)	<u>ds.</u>)
HealthTrust Home Healthcare Services, Ll		

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>	Address	Type of Action
MGR	Robert Benitez	1050 Nw 192 Ave Pembroke pines FL 33029	= Add
			□Remove
			□Change
			□Add
		-	: 🗖 Change
			□ Add
			∏ □Remove
			□ Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			☐ Change

				
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fective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block becument's effective date on the Department.	specific and cannot be price t does not meet the appli	or to date of filing or m cable statutory filin	(option ore than 90 days after the grequirements, this of	ling.) Pursuant to 605.020
ecord specifies a delayed effective distilled.	ate, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
	2023			
March 14	2025			

Filing Fee: \$25.00