

L14000189131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

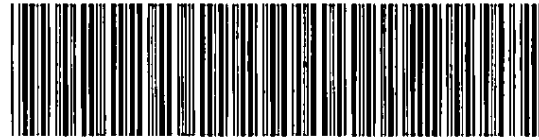
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100330119651

100330119651  
06/07/19

FILED

19 JUN -7 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 22 2019

T ECHROEDER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JCN Home Care  
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:

Jalisa McFetridge  
Name of Person

JCN Home Care  
Firm/Company

5714 Monroe St.  
Address

New Port Richey FL 34653  
City/State and Zip Code

jcnhomecare@yahoo.com  
E-mail address: (do not be used for future annual report notification)

For further information concerning this matter, please call:

Jalisa McFetridge at ( 727 ) 255-3746  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

JCN Home Care

(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 Dec. 11 2014 and assigned Florida document number L14000189131.

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)

5714 Monroe St.

New Port Richey

FL 34653

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5714 Monroe St.

New Port Richey FL 34653

**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:

Jason McFetridge

New Registered Office Address:

5714 Monroe St.

Enter Florida street address

New Port Richey

City

Florida

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. 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.

Jason McFetridge / self

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>
MGR	Teresa McElridge	5714 Monroe St.	<input checked="" type="checkbox"/> Add
		New Port Richey	<input type="checkbox"/> Remove
		fl. 34653	<input type="checkbox"/> Change
AMBR	Jeremiah Hernandez	2521 Gladi Ave.	<input checked="" type="checkbox"/> Add
		Odessa fl. 33556	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sheila Souella	3018 Chapin Pass	<input checked="" type="checkbox"/> Add
		Odessa fl. 33556	<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

FILED  
 19 JUN - 7 PM 7:31  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

FILED  
19 JUN -7 AM 7:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 6-1-19 (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 6-1 . 2019

Manifestation

Signature of a member or authorized representative of a member

TERESA MC FETRINDE

Typed or printed name of signee