

L06000012011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L06-12011

(Document Number)

Certified Copies 1

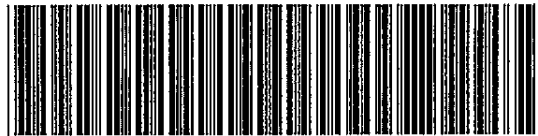
Certificates of Status 1

Special Instructions to Filing Officer:

2/13

name ch

Office Use Only



200065655822

02/13/06 11:02:40 \*\$03.00

RECEIVED  
FEB 13 2006  
6:00 PM

M. HODGES

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Family of Nurses Home 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:

Adrienne B. Smith  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

811 Pine Shadow Drive  
(Address)

Apopka FL 32712  
(City/State and Zip Code)

For further information concerning this matter, please call:

Adrienne B. Smith at (407) 448-6071  
(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Family of Nurses Home Care, LLC  
(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on February 02, 2006 and assigned document number LO6000012011.

**SECOND:** This amendment is submitted to amend the following:

Family of Nurses Home Care, LLC is to be  
changed to the name:  
Anthea Home Care Services, LLC

Dated February 06, 2006.

Adrienne B. Smith

Signature of a member or authorized representative of a member

Adrienne B. Smith

Typed or printed name of signee

**Filing Fee: \$25.00**

06 FEB 13 11:16:49  
FILING  
CLERK