

207000096864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

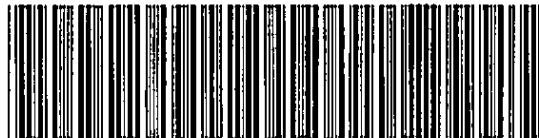
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 22, 2022

NOAH MOMPOINT

20401 NW 2ND AVENUE SUITE 104  
MIAMI, FL 33169

SUBJECT: RENAISSANCE HOME & HEALTH SERVICES, LLC  
Ref. Number: L07000096864

We have received your document for RENAISSANCE HOME & HEALTH SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is .

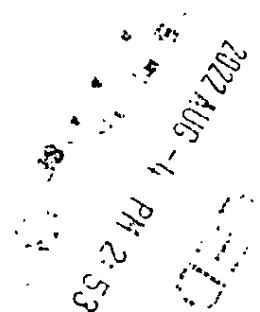
P04000008467 - RENAISSANCE HOME HEALTH CARE, INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams  
EXECUTIVE ASSISTANT

Letter Number: 122A00025966



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RENAISSANCE HOME & HOME SERVICES 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:

NOAH MOMPOINT

Name of Person

TAX RESOURCE CENTER

Firm/Company

20401 NW 2ND AVENUE SUITE 104

Address

MIAMI FLORIDA 331469

City/State and Zip Code

TAXRESOURCECENTER@HOTMAIL.COM

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

For further information concerning this matter, please call:

NOAH MOMPOINT

305

652-4300

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**

RENAISSANCE HOME & HEALTH SERVICES 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 09/21/2007 and assigned  
Florida document number L07000096864

This amendment is submitted to amend the following:

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

RENAISSANCE HOME HEALTHCARE SERVICES INC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

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>                      |
|--------------|-------------------|---------------------------|--|
| MGR          | MARIE S MORISSEAU | 19355 NE 10TH AVE APT 501 | <input checked="" type="checkbox"/> Add    |
|              |                   | MIAMI FL 33179            | <input type="checkbox"/> Remove            |
|              |                   |                           | <input type="checkbox"/> Change            |
| MGR          | MARTHE PHILIZAIRE | 9841 WEST HEATHER LANE    | <input type="checkbox"/> Add               |
|              |                   | MIRAMAR FL 33025          | <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            |
|              |                   |                           | <input type="checkbox"/> Add               |
|              |                   |                           | <input type="checkbox"/> Remove            |
|              |                   |                           | <input type="checkbox"/> Change            |
|              |                   |                           | <input type="checkbox"/> Add               |
|              |                   |                           | <input type="checkbox"/> Remove            |
|              |                   |                           | <input type="checkbox"/> Change            |

