

L07000109108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

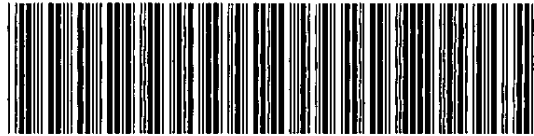
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AL

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Sugar Sweet Home Health 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:

Artivia Pagan.  
(Name of Person)

Sugar Sweet Home Health Services LLC  
(Firm/Company)

370 Orrin Circle NE  
(Address)

Winter Haven FL 33881  
(City/State and Zip Code)

For further information concerning this matter, please call:

Artivia Pagan at (863) 595-8508  
(Name of Person) (Area Code & Daytime Telephone Number)

2007 NOV 6 P 4: 33  
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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**

Sugar Sweet Home Health Services LLC  
(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on Oct. 29.07 and assigned document number LD7000109108.

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

Sugar Staffing Services LLC  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2007 NOV 8 1 P 4: 38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

Dated Nov. 6, 07, \_\_\_\_\_.

Artivia Dagan  
Signature of a member or authorized representative of a member

Artivia Dagan  
Typed or printed name of signee

**Filing Fee: \$25.00**

The Street, Address of the principal office of  
the Limited Liability Company is  
200 east central SE Suite 6  
Winter Haven Fl. 33881

Please Change this also.

Article III  
The purpose for which this Limited liability Company  
is organized is.

Any staffing and all Lawful Business.

Antonia Pagan.

every thing else stay's the same.

Thank you.

Have any question.

863-595-8508.

Return Address

370 Orrin Circle NE  
WH FL. 33881