

L08000099017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

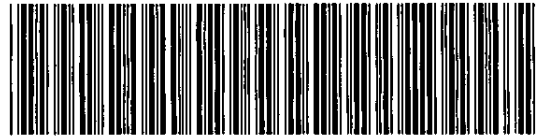
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
14 OCT 22 PM 12:33

OCT 23 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA HOME COMPANION, 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:

KHOA (MICHAEL) MA
Name of Person

FLORIDA HOME COMPANION, LLC
Firm/Company

851 W. STATE ROAD 436 SUITE 1057
Address

ALTAMONTE SPRINGS, FLORIDA 32714
City/State and Zip Code

michael@floridahomecompanion.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KHOA (MICHAEL) MA
Name of Person

at (407) 478-5469
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)
- PAID

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2014

KHOA (MICHAEL) MA
851 W STATE ROAD 436 SUITE 1057
ALTAMONTE SPRINGS, FL 32714

SUBJECT: FLORIDA HOME COMPANION, LLC
Ref. Number: L08000099017

We have received your document for FLORIDA HOME COMPANION, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 214A00017810

16 OCT 22 PM 12:33
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

FLORIDA HOME COMPANION 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 10/21/2008 and assigned
Florida document number LO8000099017

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 end with 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)

851 W. STATE ROAD 436

SUITE 1057

ALTAMONTE SPRINGS, FL 32714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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:

KHDA MA

New Registered Office Address:

851 W. STATE ROAD 436, SUITE 1057

Enter Florida street address

ALTAMONTE SPRINGS

City

Florida

32714

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

FILED
10 OCT 22 PM 12:33
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF ALACHUA, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
<u>D</u>	<u>JACQUELINE D. HIRSCH</u>	<u>620 N. WYMORE RD, #260</u>	<input type="checkbox"/> Add
		<u>MAITLAND, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32751</u>	
<u>D</u>	<u>LEE B. OSSIN</u>	<u>620 N. WYMORE RD, #260</u>	<input type="checkbox"/> Add
		<u>MAITLAND, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32751</u>	
<u>D</u>	<u>ARCHIE OSSIN</u>	<u>620 N. WYMORE RD, #260</u>	<input type="checkbox"/> Add
		<u>MAITLAND, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32751</u>	
<u>PCD</u>	<u>KHOA MA</u>	<u>851 W. STATE ROAD 436</u>	<input checked="" type="checkbox"/> Add
		<u>SUITE 1057</u>	<input type="checkbox"/> Remove
		<u>ALTAMONTE SPRINGS, FL 32714</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY'S OFFICE
DIVISION OF REGISTRATION
14 OCT 22 PM 12:33

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

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 12, 2014.

Signature of a member or authorized representative of a member

KHOA MA PRESIDENT, CEO, DIRECTOR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 22 PM 12:33