

L09000068469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: My Home Elder 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:

Maria Isabel Caro
Name of Person

Firm/Company

5856 W Flagler St
Address

miami florida 33144
City/State and Zip Code

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

For further information concerning this matter, please call:

Barbara Cordova at (305) 753-1302
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**

My Home Elder Care 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 07/16/2009 and assigned Florida document number LO9000068469.

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)

5856 west flagler St
miami FL 33144

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:

Maria Isabel Caro

New Registered Office Address:

5856 west flagler St

Enter Florida street address

miami, Florida 33144

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 608, 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.

Maria Isabel Caro

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Demis A Exposito	5700 SW 51 St Miami FL 33155	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Registered Agent	Demis A Exposito	5700 SW 51 St Miami FL 33155	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Maria Isabel Caro	5856 W Flagler St Miami FL 33144	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 08, 23, 2010.

Maria Isabel Caro
Signature of a member or authorized representative of a member

Maria Isabel Caro
Typed or printed name of signee

Certificate of Withdrawal of Partner from Limited Liability Company (LLC)

The following is hereby certified:

1. The undersigned, Demis A Exposito, and whose address is 5700 SW 51 ST Miami, FL 33144, have withdrawn as Registered Agent (owner) partner(s) from the partnership doing business under the name of MY HOME ELDER CARE LLC..
2. The partnership has its principal place of business located at: 5856 W FLAGLER ST MIAMI, FL 33144
3. The name certificate with respect to said business name was filed on JULY, 2009
4. New Registered Agent (owner) Maria Isabel Caro. Filed on August 16, 2010

08/20/2010

Date

Signature Withdrawal Registered Agent

08/20/2010

Date

Signature New Registered Agent

State of Florida

County of Dade

On August 20th, 2010 before me, Barbara Cordova, personally appeared Demis A Exposito, and Maria Isabel Caro personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature

Affiant

Type of ID

Known

(Seal)



Produced ID: E-2-12-160-81-056-0
BARBARA CORDOVA
MY COMMISSION # DD910678
EXPIRES August 13, 2013
FloridaNotaryService.com