

L09000078978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

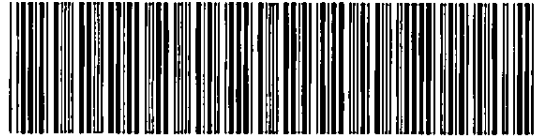
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2019 NOV 27 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y. SHIPER  
11/30/2019

✓



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2019

AMERIHOM HEALTH CARE, LLC  
9045 LA FONTANA BLVD SUITE 231  
BOCA RATON, FL 33434

SUBJECT: AMERIHOM HEALTH CARE, LLC  
Ref. Number: L09000078978

We have received your document for AMERIHOM HEALTH CARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 319A00022070

2019 NOV 27 PM 12:48

RECEIVED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Amerihome Healthcare, 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:

Trina Andreacci

Name of Person

Amerihome Healthcare, LLC

Firm/Company

9045 La Fontana Blvd #231

Address

Boca Raton, Florida 33434

City/State and Zip Code

trina@amerihomehealthcare.com

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

For further information concerning this matter, please call:

Trina Andreacci at ( 561 ) 213-4151  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Amerihome Healthcare, 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 08/17/2009 and assigned  
Florida document number L09000078978.

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 contain 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)

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>
CFO	Daniel Andreacci		<input type="checkbox"/> Add
		3301 Lago De Talavera, Lake Worth, Florida 33467	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Trina Andreacci	1348 Beacon Circle Wellington, Florida 33414	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Nov 21, 2019.

Irma Andracee

Signature of a member or authorized representative of a member

Trina Andrearre

Typed or printed name of signee