

L100000100367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600258663226

04/09/14--01014--002 **25.00

RECEIVED
2014 APR -9 10 11 AM
TALLAHASSEE, FLORIDA
SUFFICIENCY OF FILING

FILED
14 APR 10 AM 10:07
TALLAHASSEE, FLORIDA

APR 11 2014

T. BROWN

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

North Beach Home Health Care LLC

Signature _____

Requested by: SETH

04/09/14

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ ☒ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2014

CAPITAL CONNECTION, INC.

TALLAHASSEE, FL 32301

SUBJECT: NORTH BEACH HOME HEALTH CARE, LLC
Ref. Number: L10000100367

We have received your document for NORTH BEACH HOME 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 current name of the entity is as referenced above. Please correct your document accordingly.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 014A00007702

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
NORTH BEACH HOME HEALTH CARE, LLC**

FILED
14 APR 10 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 605 of the Florida Statutes, the above referenced limited liability company hereby adopts the following Articles of Amendment to its Articles of Organization:

1. The date of the filing of the Articles of Organization was September 24, 2010 and assigned document number L10000100367.

2. The following Amendment to the Articles of Organization were adopted by the Company:

CHANGE OF MEMBER(S)/MANAGER(S):

Sulman Bonilla, 120 E. Oakland Park Blvd., Ste. 208, Fort Lauderdale, Florida 33334 shall remain added as Member and Manager.

Daniel Ocampo Estrada, is deleted as Member and Manager.

CHANGE OF REGISTERED AGENT:

Walter Jed is *deleted* as Registered Agent of the Company.

Sulman Bonilla, 120 E. Oakland Park Blvd., Ste. 208, Fort Lauderdale, Florida 33334 shall be the new Registered Agent of the Company.

The Amended Articles and each Amendment described herein were approved by the members. The number of votes cast for the amendments by the members were sufficient for approval. The Amendments are hereby adopted and shall be effective as of the date written below.

The Amended Articles were adopted by a majority of the Company's members on the date written below.

SIGNED this 20th day of March, 2014.



Sulman Bonilla, Managing Member

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the company has been notified in writing of this change.



Sulman Bonilla, Registered Agent