

L10000116450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gentle touch home health 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:

Heleine lochard
Name of Person
Gentle touch home health care LLC
Firm/Company
1217 D South Military Trail
Address
West Palm Beach FL 33415
City/State and Zip Code
heleine lochard@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heleine lochard at (561) 506 0705
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

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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

Gentle touch Home health 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 11/09/2010 and assigned Florida document number L10000116450.

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)

1217 D South Military trail
West Palm Beach
FL 33415

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:

Heleine locharol

New Registered Office Address:

4250 SW collinwest

Enter Florida street address

Port saint Lucie, Florida 34953

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 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>
AMBR	Nixon Ceme	2903 Bolside Dr Greenacres Fl 33462	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Heiline Lockard	4250 SW Collicoest Port saint Lucie Fl 34953	<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
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

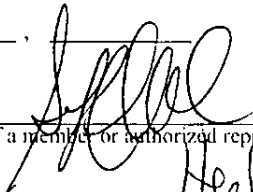
E. Effective date, if other than the date of filing: _____ (optional)

(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 _____

Signature of a member or authorized representative of a member

Typed or printed name of signee


Helene Locharol

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA