

L110000004610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

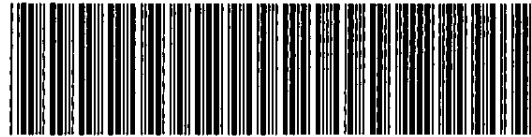
(Business Entity Name)

(Document Number)

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2011 DEC -9 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

DEC 13 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Private Duty Home Health Services of the Palm Beaches**

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:

Yvette Darrisaw

Name of Person

Private Duty Home Health Services of the Palm Beaches LLC

Firm/Company

12798 W Forest Hill BLVD Ste 303

Address

Wellington, FL. 33414

City/State and Zip Code

sdarrisaw@aol.com

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

For further information concerning this matter, please call:

Shane Darrisaw

Name of Person

at ( 561 )

379-5899

Area Code & Daytime Telephone Number

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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**

**Private Duty Home Health Services of the Palm Beaches 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 1-11-2011 and assigned Florida document number L11000004610.

**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)**

**12798 W Forest Hill BLVD**

## Suite 303

**Wellington, FL. 33414**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**9352 Nugent Trail**

**West Palm Beach, FL. 33414**

**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 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.*


**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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SECRETARY OF  
TALLAHASSEE, FL

12-6-2011

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

**H. Shane Darrisaw (Registered Agent)**

Typed or printed name of signee

Page 2 of 2

**Filing Fee: \$25.00**

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