

# L 12000024171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

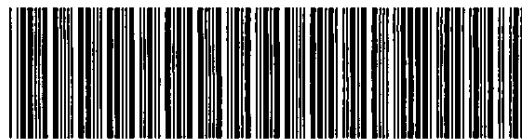
(Business Entity Name)

(Document Number)

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

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04/11/13--01023--013 \*\*25.00

FILED  
13 APR 23 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
APR 24 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 12, 2013

NEW BEGINNING HOME HEALTH AGENCY LLC  
COUNTESS WATKINS  
925 EAST ALFRED ST.  
TAVARES, FL 32778

SUBJECT: NEW BEGINNING HOME HEALTH AGENCY LLC  
Ref. Number: L12000024171

We have received your document for NEW BEGINNING HOME HEALTH AGENCY 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please sign the last page.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 413A00008834

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: New Beginning Home Health Agency, 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:

Countess Watkins  
Name of Person

New Beginning Home Health Agency, LLC  
Firm/Company

925 East Alfred St.  
Address

Tallahassee FL 32378  
City/State and Zip Code

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

For further information concerning this matter, please call:

Countess Watkins at (352) 536-4783  
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**

FILED  
13 APR 23 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

New Beginning Home Health Agency  
(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 2/14/12 and assigned  
Florida document number L12000024171

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

New Beginning Care Services, LLC  
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

905 East Alford St  
Tallahassee FL 32378

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 1000  
Tallahassee FL 32309

**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.

Countess Wap  
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	Kevin Brown	213 Mallegan circle	<input type="checkbox"/> Add
		minneapolis fl 34715	<input checked="" 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"/> Remove

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

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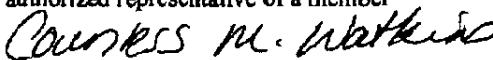
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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member



Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**