

L12000024171

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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2013 JUN 24 PM 1:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 25 2013

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: New Beginning Care Services, 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 M. Watkins
Name of Person

New Beginning Care Services, LLC
Firm/Company

905 East Alfred St
Address

Tallahassee FL 32378
City/State and Zip Code

countess.watkins@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

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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**

New Beginning Care Services, 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 2/17/12 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 Home Health Agency, LLC
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)

905 East Alfred St
Tallahassee FL 32378

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

905 East Alfred St
Tallahassee FL 32378

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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

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	Counters Watkins	925 Counters Wolf	<input checked="" type="checkbox"/> Add
		925 East Alford St	<input type="checkbox"/> Remove
		Tallahassee FL 32310	
		213 Manneala Circle	<input type="checkbox"/> Add
		Manneala FL 34715	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Dated _____, _____.

Carnter Woods

Signature of a member or authorized representative of a member

Carnter Woods

Typed or printed name of signee

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Filing Fee: \$25.00

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