

L1200004/229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

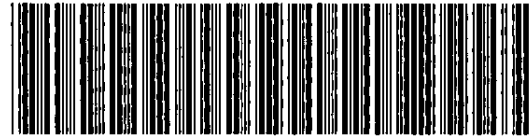
(Business Entity Name)

(Document Number)

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08/03/12--01007--015 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG -6 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hart's Home Health Nursing 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:

HOPAL Boucfont
Name of Person

Hart's Home Health Nursing Services LLC
Firm/Company

3100 S. Congress Ave, #1 Boynton Beach
Address

FL 33426
City/State and Zip Code

boucfont13@aol.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE

For further information concerning this matter, please call:

HOPAL Boucfont at (561) 542-5807
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

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Hats Home Health Nursing 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 3/26/12 and assigned
Florida document number 412 0000 41229

This amendment is submitted to amend the following:

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

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

HOPAL Boncfont

New Registered Office Address:

3100 S. Congress Ave Suite #1

Enter Florida street address

Boynton Beach

City

Florida

FL 33426

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.

H Boncfont

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HOPAL Bonifant	8302 Pinehurst Drive Bryn Mawr Beach FL 33426	<input checked="" 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.)

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2012 AUG -3 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 8/1/12

H Bonifant
Signature of a member or authorized representative of a member
HOPAL Bonifant
Typed or printed name of signee