

L12000062177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

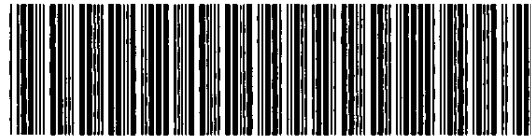
(Business Entity Name)

(Document Number)

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

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 18 PM 3:25

JUN 19 2012

T. HAMPTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Arcadia Homecare, 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:

Kevin Lehman

Name of Person

Arcadia Homecare, LLC

Firm/Company

9140 Golfside Dr

Address

Jacksonville, FL 3256

City/State and Zip Code

kevin.lehman0717@gmail.com

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

For further information concerning this matter, please call:

Kevin Lehman

Name of Person

at ( 904 ) 252-5256

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

June 13, 2012  
Arcadia Homecare, LLC  
9140 Golfside Dr  
Suite 9N  
Jacksonville, FL 32256

To Whom It May Concern;

Enclosed you will find my Amendment to the Articles of Organization originally filed on 5/8/12 under document # L12000062177.

I have also enclosed a check made payable to Florida Department of State for \$30 for the filing fee and a Certificate of Status.

Please return the requested documents to the following;

Arcadia Homecare, LLC  
C/O Kevin Lehman  
9140 Golfside Dr  
Suite 9N  
Jacksonville, FL 32256

My contact information is as follows;

Kevin Lehman  
Cell: 904-252-5256  
Email: [kevin.lehman0717@gmail.com](mailto:kevin.lehman0717@gmail.com)

Thank you for your attention to this matter.

Kind Regards,

Kevin Lehman

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 JUN 18 PM 3:25

Arcadia Homecare, 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 05/08/12 and assigned  
Florida document number L12000062177.

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:

9140 Golfside Drive

**(Principal office address MUST BE A STREET ADDRESS)**

Suite 9N

Jacksonville, FL 32256

Enter new mailing address, if applicable:

9140 Golfside Drive

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

Sute 9N

Jacksonville, FL 32256

**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:

9140 Golfside Dr, Suite 9N

*Enter Florida street address*

Jacksonville

, Florida

32256

*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.*

  
Steven A. Schuman  
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

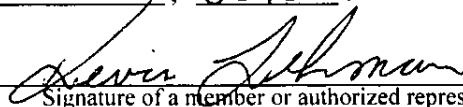
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Lorraine Villa	13736 Covington Creek Dr Jacksonville, FL 32224	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Salim Muslimani	5984 Wind Cave Ln Jacksonville, FL 32258	<input checked="" type="checkbox"/> Add <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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\_\_\_\_\_  
\_\_\_\_\_

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DIVISION OF CORPORATIONS  
12 JUN 18 PM 3:25

Dated June 13<sup>th</sup>, 2012



Signature of a member or authorized representative of a member

Kevin Lehman, CEO

Typed or printed name of signee