

L12000076716

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN 29 2012

EXAMINER

Emily Nystrom  
844 Patrick Drive  
West Palm Beach, Fl. 33406  
(561) 329-7184

Florida Department of State  
Registration Section  
Divisions of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL, 32301

June 21, 2012

This is a cover letter as stated for a change in For Palm Beach Private Homecare, L.L.C.

For amendment to article 111 and address change.

Very Truly Yours,

Emily Nystrom

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Palm Beach Private 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:

Emily Nystrom

Name of Person

Palm Beach Private Homecare, LLC

Firm/Company

1100 Via Lugano Circle # 106

Address

Boynton Beach, FL 33436

City/State and Zip Code

palmbeachprivatehomecare@gmail.com

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

For further information concerning this matter, please call:

Emily Nystrom

Name of Person

at ( 561 )

329-7184

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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**

**Palm Beach Private 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 6/8/2012 and assigned  
Florida document number L12000076716.

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)

844 Patrick Drive

West Palm Beach, FL 33406

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

844 Patrick Drive

West Palm Beach, FL 33406

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STATE OF FLORIDA  
TALLAHASSEE

**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

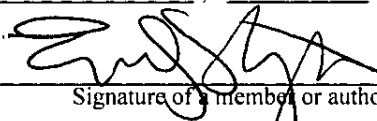
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
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		_____	<input type="checkbox"/> Remove
		_____	
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		_____	<input type="checkbox"/> Remove
		_____	

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

Article III: The purpose for which this Limited Liability Company is organized is:

Any and all lawful business

Dated June 21, 2012



Signature of a member or authorized representative of a member

Emily Nystrom

Typed or printed name of signee

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