

L12000134001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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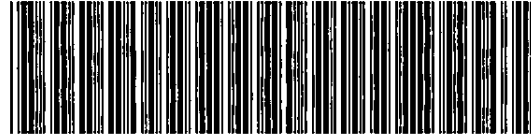
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 22 2015

S MASON

COVER LETTER

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

SUBJECT: Platinum 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 Kelly

Name of Person

Platinum Homecare LLC

Firm/Company

4767 New Broad St

Address

Orlando, FL 32814

City/State and Zip Code

hkelly@platinumhomecare.net

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

For further information concerning this matter, please call:

Heather Kelly

407 9027918

at ()

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

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

32814

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Heather Kelly	4767 New Broad St	☒ Add
		Orlando,Fl	☐ Remove
		32814	☐ Change
AMBR	Kevin Kelly	4767 New Broad St	☐ Add
		Orlando,Fl	☐ Remove
		32814	☒ Change
			☐ Add
			☐ Remove
			☐ Change
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Typed or printed name of signee

Filing Fee: \$25.00

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