

L13 0000 34073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

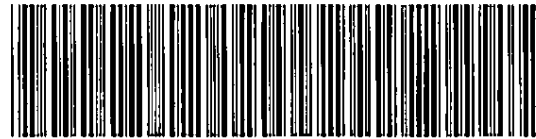
(Business Entity Name)

(Document Number)

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05/08/20--01008--007 **25.00

20 MAY -8 PM 12:43

MAY 28 2020

C McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HCA of Naples LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jorge Cordero

Name of Person

HCA of Naples LLC

Firm/Company

1575 Pine Ridge Rd Unit 5

Address

Naples FL 34109

City, State and Zip Code

jcordero@homecareassistance.com

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

For further information concerning this matter, please call:

Jorge Cordero

Name of Person

at 916

Area Code

502-2531

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 MAY -8 PM 12:43

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HCA of Naples LLC

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

20 MAY -8 PM 12:43
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF NASSAU
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/06/2013 and assigned
Florida document number L13000034073.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

1575 Pine Ridge Rd Unit 5

(Principal office address MUST BE A STREET ADDRESS)

Naples FL 34109

Enter new mailing address, if applicable:

1575 Pine Ridge Rd Unit 5

(Mailing address MAY BE A POST OFFICE BOX)

Naples FL 34109

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 605, 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 005 (1207) (3)(b).

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.

Dated May 3rd, 2020

John

Signature of a member or authorized representative of a member

Jorge Cordero

Typed or printed name of signer