

W13 000049173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

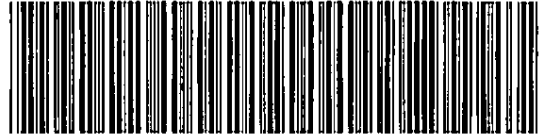
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

06/03/21
TJN

Office Use Only



100364025261

04/15/21--01022--011 **55.00

21 APR 15 PM 3:49
RECEIVED
DIVISION OF REVENUE
STATE OF ARIZONA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: No Place Like Home Infusion Solution
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:

Jennifer Blankenship
Name of Person

No Place Like Home Infusion Solution
Firm/Company

150 Bayside Drive
Address

Clearwater FL 33767
City/State and Zip Code

JMefford5@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Blankenship at (813) 424-9772
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 Address:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

STATE OF FLORIDA
DEPARTMENT OF REVENUE

21 APR 15 PM 3:49

No Place Like Home Infusion Solution

(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 4/3/13 and assigned
Florida document number L1300004917.3

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Jennifer Blankenship

New Registered Office Address:

150 Bayside Drive

Enter Florida street address

Clearwater

Florida

33767

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.

Jennifer Blankenship

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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

21 APR 15 PM 3:49

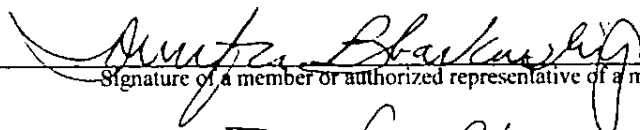
E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 4/13, 2021



Signature of a member or authorized representative of a member

Jennifer Blankenship

Typed or printed name of signee

Yyaid

FORM 7

(SECTION 60)

29/8/2020

Known Traveller TT123684

CERTIFIED COPY OF DUPLICATE ORIGINAL MARRIAGE REGISTER

Marriage solemnized or performed at BELIZE

in the BELIZE

Marriage District

No	When Married	Names and Surnames	Age	Condition	Rank or Profession	Residence at the time of marriage	After Banns or Licence or Magistrate's Cert.	Consent by whom given, or Judge's Order
	26 January, 2020	ROBERT CARL BLANKENSHIP JENNIFER CAROLE CECIL MEFFORD	61	DIVORCED	RETIRED	6330 TROTT PEAK DRIVE DODD WYOMING 82414 USA 6105 BAYSIDE DRIVE CLEARWATER, FLORIDA 33767, USA	BANNS	

Married BELIZE

This marriage was solemnized between us

ROBERT CARL BLANKENSHIP

JENNIFER CAROLE CECIL MEFFORD

MARRIAGE DISTRICT aforesaid, after BANNS

PASTOR EVERET PALACIO

Marriage Officer or Magistrate

LAVERN PALACIO

JOSE LUIS ZAPATA

I, examined with the Original Marriage Register by me and found to be Correct
CERTIFIED to be a true copy of an entry in the Marriages Register for the

BELIZE

Given at Belize City this 11 February 2020

12872



PASTOR EVERET
PALACIO
Marriage Officer or Magistrate

ACy

Ann Gibson
Assistant Registrar



1
[REDACTED]
Known travel TT1236BH3