

#L13000058069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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13 JUL 19 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

JUL 22 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 3, 2013

AKRONIS HOME CARE SERVICES L.L.C.  
MORIO P. SCHETTINI  
300 S PINE ISLAND RD, STE. 2003V  
PLANTATION, FL 33324

SUBJECT: AKRONIS HOME CARE SERVICES L.L.C  
Ref. Number: L13000058069

We have received your document for AKRONIS HOME CARE SERVICES L.L.C and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 413A00016522

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **AKRONIS HOME CARE SERVICES LLC.**

Name of Limited Liability Company

Att: Ms. Karen Saly

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Please can you mail the correction to  
451 W. Mount Vernon Dr  
Plantation FL 33325

**MARIO P. SCHETTINI**

Name of Person

**AKRONIS HOME HEALTH CARE AGENCY LLC.**

Firm/Company

**300 SOUTH PINE ISLAND ROAD SUITE # 2003V**

Address

**PLANTATION FL 33324**

City/State and Zip Code

**NARDYEUGENE@HOTMAIL.COM**

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

For further information concerning this matter, please call:

**MARIO P SCHETTINI**

Name of Person

**754 551-1976**

at ( )

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

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

**AKRONIS HOME CARE SERVICES LLC.**

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

FILED  
13 JUL 19 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04-22-2013 and assigned  
Florida document number L13000058069.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**AKRONIS HOME HEALTH CARE AGENCY LLC.**

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)**

300 SOUTH PINE ISLAND ROAD SUITE # 2003V  
PLANTATION FL 33324

**Enter new mailing address, if applicable:**

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

451 W MOUNT VERNON DR  
PLANTATION FL 33325

**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:

MARIO P. SCHETTINI

New Registered Office Address:

300 SOUTH PINE ISLAND ROAD SUITE # 2003V

*Enter Florida street address*

PLANTATION

*City*

Florida 33324

*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.*

MARIO P. SCHETTINI  
*Mario P. Schettini*  
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
			<input type="checkbox"/> Add
			<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.)*

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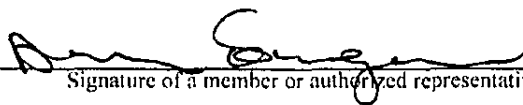
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Dated

7-22-2013



Signature of a member or authorized representative of a member

Anne Eugene

Type or printed name of signee

Page 3 of 3

Filing Fee: \$25.00