

L13000065386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

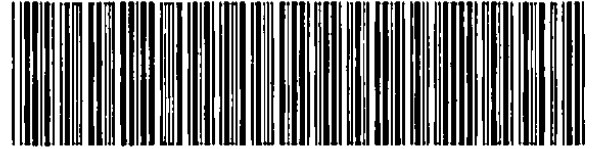
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 DEC 12 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FL

Amend/Name Change

JAN 31 2023

D CUSHING

TO: Registration Section
Division of Corporations

SUBJECT: Better At Home Health Services, 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:

Carolyn Kettelson
Name of Person

BAHHS, LLC.
Firm/Company

25413 Alicante Dr.
Address

Bonita Springs, FL 34134
City/State and Zip Code

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

For further information concerning this matter, please call:

Carolyn Kettelson at (239) 908-8128
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

SECRETARY OF STATE
TALLAHASSEE, FL

2022 DEC 12 PM 12:28

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2022

CAROLYN M KETTELSON
25413 ALICANTE DRIVE
BONITA SPRINGS, FL 34134

SUBJECT: BETTER AT HOME HEALTH SERVICES, LLC
Ref. Number: L13000065386

We have received your document for BETTER AT HOME HEALTH SERVICES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall
OPS Clerk

Letter Number: 522A00024842

2022 OCT 12 PM 12:38

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Better At Home Health Services, LLC.

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

FILED
2012 DEC 12 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 5/3/2013 and assigned

Florida document number L13000065386.

This amendment is submitted to amend the following:

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

BAHHS, LLC.

The new name must be distinguishable and contain 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**)

25413 Alicante Dr

Bonita Springs, FL 34134

Enter new mailing address, if applicable:

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

25413 Alicante Dr.

Bonita Springs, FL 34134

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:

Carolyn Kettelson

New Registered Office Address:

25413 Alicante Drive

Enter Florida street address

Bonita Springs

City

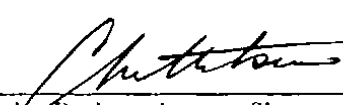
Florida

34134

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 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

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 Account</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

only change is name of LLC and
address for current registered agent, Carolyn Ket

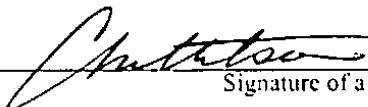
E. Effective date, if other than the date of filing: _____ (optional)

(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 (

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 12/07/2022



Signature of a member or authorized representative of a member

Carolyn Kettelson

Typed or printed name of signee