

L13000096639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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AUG 26 2013

D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Superior Home Healthcare Of Florida, 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:

Sheila Jones

Name of Person

Superior Home Healthcare Of Florida

Firm/Company

5751 Oakwood Knoll Drive

Address

Lakeland, Florida 33811

City/State and Zip Code

sheilajones_shcof@yahoo.com

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

For further information concerning this matter, please call:

Sheila Jones

Name of Person

863-937-8077

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

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

Superior Home Healthcare Of Florida, LLC

(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 JULY 08, 2013 and assigned
Florida document number L13000096639.

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 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)

5751 Oakwood Knoll Dr.

Lakeland, Florida 33811

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5751 Oakwood Knolls Dr.

Lakeland, Florida 33811

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:

5751 Oakwood Knoll Dr.

Enter Florida street address

Lakeland

Florida 33811

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 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.

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

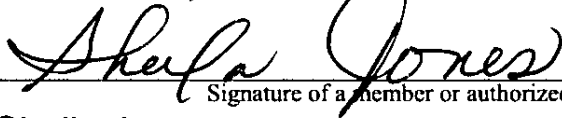
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tamara Jacksor	5751 Oakwood Knoll Dr. Lakeland, Florida 33811 <i>Managing Member</i>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MAY 16 2009
Add
Remove

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

Dated August 16, 2013



Signature of a member or authorized representative of a member

Sheila Jones

Typed or printed name of signee

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Filing Fee: \$25.00

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