

L13000104722

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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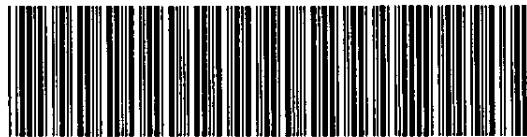
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOVELY NESS HOME CARE 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:

NICETAS G. MORA

Name of Person

LOVELY NESS HOME CARE, LLC.

Firm/Company

5275 87th Terrace North

Address

PINELLAS PARK, FL. 33782

City/State and Zip Code

lovelynesshomecare@gmail.com

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

For further information concerning this matter, please call:

NICETAS G. MORA

Name of Person

at 727 - 437 9816

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**

LovelyNess Home Care, 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 24, 2013 and assigned
Florida document number L13000104722

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)

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:

NICETAS G. MORA

New Registered Office Address:

5275 87th Terrace

Enter Florida street address

PINEWAS PARK

Florida

33782

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.

Nicetas G. Mora

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

MGR	NICETAS G. MORA	5275 87 th Terrace	<input checked="" type="checkbox"/> Add
		Pinellas Park, FL.	<input type="checkbox"/> Remove
		33782	

MGRM JERSONN A. MORA same address ☐ Add ☒ Remove

ARMANDO E. MORA JR. ☐ Add ☒ Remove

_____ ☐ Add
 _____ ☐ Remove

_____ ☐ Add

Remove 13

[illegible]


DATE
DRID
50 Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Remove
FILED
Add
Remove

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

Dated _____, _____.



Signature of a member or authorized representative of a member
NICETAS G. MORA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00