## L13000/42308

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2014 JAN 21 AM 8: 48
SECRETARY OF STATE ALLAHASSEE. FLORIDA

JAN 2 7 2019 T. HAMPTON



250 N. Westlake Blvd. | Suite 240 | Westlake Village, CA 91362

January 13, 2014

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Halo Premier Home Care, LLC

To whom it may concern:

The Enclosed Articles of Amendment and Fee(s) are submitted for filing. Also, please find enclosed a check for state filing fees in the amount of \$25.00 made payable to the FL Dept of State. For information to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addresses stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor CorpNet<sup>TM</sup>, Incorporated 888-449-2638 Ext. 105 aberen@corpnet.com



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HALO HOME & HEALTH CARE, LLC				
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)				
50		. ~		

The Articles of Organization for this Limited Liability Company	were filed on 10/09/2013	<u></u> ✓ and signed	
Florida document number L13000142308			
This amendment is submitted to amend the following:	JAN 21  JAN 21  ANASSI		
A. If amending name, enter the new name of the limited liab	ility company here:		
Halo Premier Home Care, LLC		in i	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designation	ion "LEG" or to abbreviation	
Enter new principal offices address, if applicable:	820 N. Atlantic Ave.		
(Principal office address MUST BE A STREET ADDRESS)	Unit #504A		
	Cocoa Beach, FL 32931		
Enter new mailing address, if applicable:	820 N. Atlantic Ave.		
(Mailing address MAY BE A POST OFFICE BOX)	Unit #504A		
	Cocoa Beach, FL 32931	<del></del>	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, <u>en</u> <u>e</u> :	ter the name of the new	
Name of New Registered Agent.		<del></del>	
New Registered Office Address:	Enter Florida street		
	Emer r iorida street	uuuress	
<del> </del>	, Florida	Zip Code	
	City	гір Соае	

## 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: \*\*\*Please update AMBR/MGRM address below. City should be MGR = Manager AMBR = Authorized Member Cocoa Beach.\*\*\*\* <u>Title</u> **Name Type of Action Address AMBR** LITTRELL, ROSEMARY 820 N. Atlantic Ave. Unit #504A Cocoa Beach, FL 32931 Remove Remove

D. 'If ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
E. Effe	ctive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3))	b)
Dated _	January 10th 2014 Com Sellall	
	Signature of a member or authorized representative of a member	
	Rosemary Littreil	
	Typed or printed name of signee	

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Filing Fee: \$25.00

FILED
2014 JAN 21 AN 8: 49
SECRETARY OF STATE