

L13000154801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

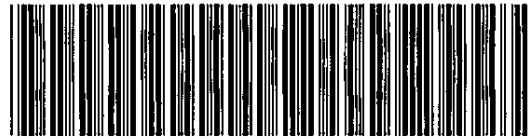
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Justin Burghardt **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT LLC Name to 30A Home
DATE 1/27/14 care, LLC
DOC. ID 07211

Office Use Only



000255550380

01/21/14--01018--004 **25.00

FILED
2014 JAN 21 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 27 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S & J 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:

Justin Burghardt
Name of Person

Firm/Company

2413 Valley Oak Ct
Address

Panama City Bch FL 32413
City/State and Zip Code

Justin.Burghardt@76@gmail.com
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Burghardt at (850) 896-0176
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2014 JAN 21 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S & J 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 Nov 4 2013 and assigned
Florida document number L130000154801

This amendment is submitted to amend the following:

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

30A Home Care, 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)

2413 Valley Oak Ct.
Panama City Bch FL
32408

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2413 Valley Oak Ct
Panama City Bch FL
32408

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:

Bobbi-Jo Woodruff

New Registered Office Address:

2413 Valley Oak Ct

Enter Florida street address

Panama City Bch Florida 32408

City

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.

Bobbi-Jo Woodruff
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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Seth T Childs	7949 3 rd Street	<input type="checkbox"/> Add
		P.O. Box FL 32413	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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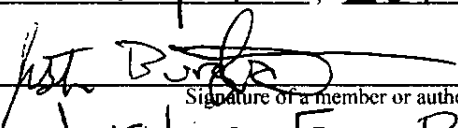
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 15, 2014



Signature of a member or authorized representative of a member
Justin E. Burghardt
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA