

L14000034918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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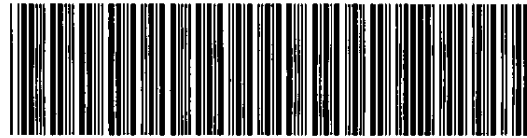
(Business Entity Name)

(Document Number)

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SEP 18 2014

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Compassionate Home Health 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:

Janet Santiago  
Name of Person

Compassionate Home Health Care, LLC  
Firm/Company

121 Webb Drive Suite #211  
Address

Davenport, Florida 33837  
City/State and Zip Code

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

For further information concerning this matter, please call:

Janet Santiago at ( 863 ) 353-2513  
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

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TALLAHASSEE, FLORIDA

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

Compassionate Home Health 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 03/03/14 and assigned Florida document number L14000034918.

This amendment is submitted to amend the following:

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

Compassionate Homemakers and Companions, 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)

248 Plumosa Loop  
Davenport, Florida 33897

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 733  
Loughman, FL 33858

**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:

Enter Florida street address  
City, Florida 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 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:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
(president) AMBR	Janet Santiago	247 Plumas Loop Davenport, Florida 33897	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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

FEL/EIN number - 46-77300. Please correct  
the information on-line about my companies services  
which has now changed. We provide long and short term  
services that include around the clock care with compassionate  
homemakers and companions to ensure safety and security of

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 09/08/14, \_\_\_\_\_.

Janet Santiago  
Signature of a member or authorized representative of a member

Janet Santiago  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Part D:  
Continued

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clients that wish to remain home.  
Compassionate Homemakers and Companions  
provides homemaking services and companion  
services as well as transportation to events,  
activities and medical visits. We serve  
Folk, Hardee, Highlands, Hillsborough and  
Manatee Counties.

OUR MISSION  
Simplicity, Patience, Compassion

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