

L140000048667

(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:

W14-22077

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04/04/14--01014--022 **25.00

FILED
2014 APR 14 AM 10:29
CLERK OF SUPERIOR COURT
ALABAMA

APR 15 2014

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2014

GUSLAINE MORISMA
4100 CORPORATE SQUARE, SUITE 138
NAPLES, FL 34104

SUBJECT: EAGLE ONE HOME CARE LLC
Ref. Number: W14000022077

We have received your document for EAGLE ONE HOME CARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 714A00007434

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2014 APR 14 AM 10:29

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: eagle one 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:

Guslaine Morisma

Name of Person

eagle one home care LLC

Firm/Company

4100 Corporate Square Suite 138

Address

Naples FL 34104

City/State and Zip Code

dnlmoris@yahoo.com

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

For further information concerning this matter, please call:

Guslaine Morisma

Name of Person

239 601-6555

at (Area Code)

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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2014 APR 14 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Eagle 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 03/25/14 and assigned Florida document number L14000048667.

This amendment is submitted to amend the following:

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

Eagle One 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)

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:

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

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TALLAHASSEE
FLORIDA

MGR = Manager
AMBR = Authorized Member

[illegible]

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OFFICE OF THE ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

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: 04/15/2014 (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 04/01/2014

Guslaine Morisma
Signature of a member or authorized representative of a member
GUSLAINE MORISMA
Typed or printed name of signee

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TALLAHASSEE FLORIDA