## <u>L14000115158</u>

Office Use Only



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> SECRETARY OF STATE ALLAHASSEE, FLORIDA

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## **COVER LETTER**

Divisio	n of Corpo	rations			
SUBJECT:	annah's l	House Home Care LL	С		
SUBJECT:		Name of Limi	ted Liability Company		<del></del>
The enclosed A	rticles of Ar	nendment and fee(s) are sub-	nitted for filing.		
Please return all	correspond	ence concerning this matter	to the following:		
		Carla Collins			
			Name of Person		1.00.
		Hannah's House Ho	me Care LLC		
			Firm/Company		<u></u>
		4651 Salisbury Rd, S	Suite 449		
			Address		<del></del>
		Jacksonville FL 3225	56		
			City/State and Zip Code		
		HHhomecareLLC@a			
	•	E-mail address: (t	o be used for future annual re	port notification)	
For further infor	rmation con	cerning this matter, please ca	41:		
Carla Collin	S		904 679	9000	
	Name of P	erson	Area Code	Daytime Telephor	ne Number
Enclosed is a ch	eck for the	following amount:			
□ \$25.00 Filin	ig 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)
	MAILIN	G ADDRESS:	STREET/	COURIER ADD	RESS:

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

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hannah'S House Homecare 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 Florida document number <u>L14000115158</u> .	were filed on 7/22/2014	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.1.,C."		
Enter new principal offices address, if applicable:	4651 Salisbury Rd, Suite 449			
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville FL 32256			
Enter new mailing address, if applicable:	4651 Salisbury Rd, Suite 449			
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville FL 32256			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		r the name of the new		
New Registered Office Address:	Enter Florida street address	1 - 8 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	, Florida			
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code		
I hereby accept the appointment as registered agent and agr	vee to act in this canacity. I further a	oree to comply with the		

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager authorized Member		
Title	Name	Address	Type of Action
			Add
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e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after e date this document is filed by the Florida Department of State)  ated		
Conla Rollins	he effective date r	nust be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
Signature of a member or authorized representative of a member	ated	1/5, 2015
Signature of a member or authorized representative of a member		Coula Polius
Carla Collins  Typed or printed name of signee		

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Filing Fee: \$25.00

SEGRETARY OF STATE