

L14000162083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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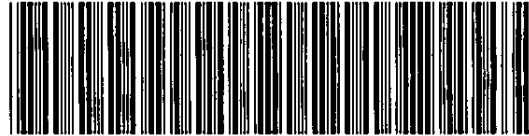
(Business Entity Name)

(Document Number)

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TREASURY FLORIDA

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MAY 31 2016

SWANSON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **HEALTH FORCE 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:

Elda Patricia Lara

Name of Person

Firm/Company

7211 N DALE MABRY HWY, STE 205

Address

TAMPA, FL 33614

City/State and Zip Code

healthforcehc@gmail.com

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

For further information concerning this matter, please call:

Elda Patricia Lara

813 609-4952
at ()

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**

HEALTH FORCE 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 10/17/2014

Florida document number L14000162083

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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:

Elda Patricia Lara

New Registered Office Address:

Enter Florida street address

Florida

City

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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2014 OCT 26 P 2:00
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TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Elda Patricia Lara	7211 N DALE MABRY HWY, STE 205 TAMPA, FL 33614	☒ Add
			☐ Remove
			☐ Change
MGR	SERGIO EDUARDO ZAMUDIO	7211 N DALE MABRY HWY, STE 205 TAMPA, FL 33614	☒ Add
			☐ Remove
			☐ Change
MGR	LISANDRA ALDONSO PULIDO		☐ Add
		314 SE 19 TER CAPE CORAL, FL 33990	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 24, 2016

Elle Cotton Loan

Signature of a member or authorized representative of a member

Elda Patricia Lara

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2015 May 26 P 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA