## L14000166141

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## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

	gistration Se ision of Cor			
eud ucct.	Private Hor	ne Care LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Winnifred P Davis		
			Name of Person	
		Private Home Care LLC		
			Firm/Company	***************************************
		5211 Celery Lane		
			Address	<del></del>
		Palm Beach Gardens, Fl.,	33418-3511	
		58912@HomeHelpersHome	eCare.com to be used for future annual report not	Westing)
For further in	nformation c	oncerning this matter, please co		meanony
Winnifred P.	. Davis		561 660-2089	
	Name o	f Person		te Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>■ \$25.00</b> F	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)
	iling Addres		Street Address: Registration Se	ction
	•	orporations	Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Private Home Care LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) mited Liability Company)	<del></del> _
he Articles of Organization for this Limited Liability Com	pany were filed on 10/24/2014	and assigned
lorida document number L14000166141		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
'he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	(S)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or registered of gent and/or the new registered office address here:</li> </ol>	fice address on our records, enter the nam	e of the new regist
		Γ :
Name of New Registered Agent:		 
New Registered Office Address:		:
New Registered Office Address.	Enter Florida street address	
	, Florida	
<del></del>	City , Plot Ida	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Philip Davis	5211 Celery lane	■ Add
		Palm Beach Gardens	□Remove
		FLORIDA 33418-3511	□Change
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
		<del></del>	□Add
			□Remove
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	ock does not meet the app	ior to date of filing or m licable statutory filin	(optional) ore than 90 days after filing g requirements, this date	) g.) Pursuant to 605.0207 ( will not be listed as t
e record specifies a delayed effective rd is filed.	date, but not an effective	e time, at 12:01 a.m. o	on the earlier of: (b) T	he 90th day after the
Dated February 9th	2021			
<u>a</u>	2 mil Succession Signature of authorized	d Sul	of a member	
•	angulation of the state of the	inorted representative	o, a memoer	
Winnifred P Davis				

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