

450000 44078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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05/06/19--2018--014 **25.00

FILED
2019 MAY 8 PM 1:16

Amend

MAY 18 2019
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVALON PARK 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:

MARTA PIERLUISI

Name of Person

AVALON PARK HOME HEALTH CARE, LLC.

Firm/Company

FOUNDER'S HALL 13013 FOUNDERS SQUARE DRIVE

Address

ORLANDO FL 32828

City/State and Zip Code

MARTA@avalonparkhomehealth.com

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

For further information concerning this matter, please call:

MARTA PIERLUISI

407

590-6130

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**

AVALON PARK HOME HEALTH CARE, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2019 MAY -8 PM 1:16
REC'D

The Articles of Organization for this Limited Liability Company were filed on 02/27/2015 and assigned
Florida document number L15000044078.

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)

Founder's Hall

13013 Founders Square Drive

Orlando FL 32828

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:

MARTA PIERLUISI

New Registered Office Address:

3680 AVALON PARK EAST BLVD. SUITE 300

Enter Florida street address

ORLANDO

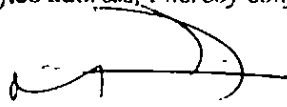
City

Florida 32828

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	BEAT KAHLI	3680 AVALON PARK EAST	<input type="checkbox"/> Add
		BLVD. SUITE 300	<input checked="" type="checkbox"/> Remove
		ORLANDO FL 32828	<input type="checkbox"/> Change
AMBR	JILL KAHLI	3680 AVALON PARK EAST	<input type="checkbox"/> Add
		BLVD. SUITE 300	<input checked="" type="checkbox"/> Remove
		ORLANDO FL 32828	<input type="checkbox"/> Change
✓ AMBR	DANA CARE, LLC.	3680 AVALON PARK EAST	<input checked="" type="checkbox"/> Add
		BLVD. SUITE 300	<input type="checkbox"/> Remove
		ORLANDO FL 32828	<input type="checkbox"/> Change
✓ AMBR	NEV HEALTH, LLC.	1783 RIBBON FAN LN	<input checked="" type="checkbox"/> Add
		NAPLES FL 34119	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BENE CARE, LLC	3680 AVALON PARK EAST	<input checked="" type="checkbox"/> Add
		BLVD. SUITE 300	<input type="checkbox"/> Remove
		ORLANDO FL 32828	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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

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.

Dated APRIL 26, 2019

Typed or printed name of signee