L15000048666

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
AND AND SEEF, FI ORIDA

. History of the

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tersie Honors Non-Medical Home Care Age Name of Limited Liability Company	ney
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tersie Honor Name of Person	
Tersie Honor's Non-Medical Home Care A	genc
2631 Marquise Ct Address	
Orlando Fl. 32805 City/State and Zip Code	
Terrie Honor (2 yaha. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tersie Honov at (407) 209-8092 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \$30.00 Filing Fee & Certificate of Status \$\times \$Certified Copy (additional copy is enclosed)\$\$ \$\times \$25.00 Filing Fee & Certified Copy (certified Copy (additional copy is enclosed)\$\$ \$\times \$25.00 Filing Fee & Certified Copy (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



RECEIVED

15 JUL 23 PM 3: 26

SECRETARY OF STATE
TALLAHASSIE FLORIE

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2015

TERSIE HONOR 2631 MARQUISE CT ORLANDO, FL 32805

SUBJECT: RA GALLERIA COMMONS II, LLC

Ref. Number: L15000004866

We have received your document for RA GALLERIA COMMONS II, 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):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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.

Tammy Hampton Regulatory Specialist III

Letter Number: 315A00014572

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TILEU
15 JUL 23 PH 4: 25
SECRETARY OF STATE
TALLAHASSEE: FLORI

Money World Wide LC

(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 03-18-15 and assigned Florida document number 1 50000 4866.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:
Tersie Honcus Non - Medic The new name must be distinguishable and contain the words "Limited Liabi	al Home Care Agency "LLC"
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	2631 MarquiseCt Orlando Fl. 32805
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2631 Marquise Ct Orlando A. 32805

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:

Z631 Marquise Ct

Enter Florida street address

OHando, Florida F1, 32807

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

gen	<u>Title</u>	<u>Name</u>	Address	Type of Action
A				□ Add
				Remove
				☐ Change
				Add
				☐ Remove
				Change
73.4°				Add
				□ Remove
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