

11500000 90827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

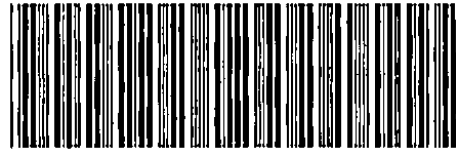
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/13/19--01004--013

SECRETARY OF STATE
TWO AMERICAN COURTS
SEP 13 2019 9:08 AM

Y SULKER

SEP 30 2019

COVER LETTER

TO: Registration Section

Division of Corporations

9932

Home CARE

SUBJECT:

Naveen Senior HomeCare 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:

GITA DEORAT SINGH

Name of Person

NAVEEN SENIOR HOMECARE LLC

Firm/Company

9932 WHEATBERRY ⁹⁹³² DRIVE CT

Address

ORLANDO FL 32824

City/State and Zip Code

naveenseniorthomecare@gmail.com

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

For further information concerning this matter, please call:

GITA DEORAT SINGH

Name of Person

at (321) 285-9087

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 gmc

Home CARE
NAVEEN SENIOR 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 were filed on 6/28/2019 and
Florida document number L15000090827

This amendment is submitted to amend the following:

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

NAVEEN SENIOR HOMECARE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9932 Wheatberry
Orlando Florida 32

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9932 Wheatberry C
Orlando Florida

**B. If amending the registered agent and/or registered office address on our records, enter the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

GITA DEORAJ SINGH

New Registered Office Address:

9932 Wheatberry Ct

Enter Florida Street address

ORLANDO

City

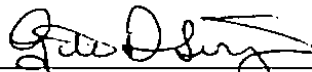
Florida

3238

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 all 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Page 2 of 3

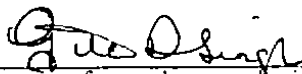
Lined area for text entry.

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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 ea
(b) The 90th day after the record is filed.

Dated 9/13 2019



Signature of a member or authorized representative of a member

GITA DEORAJ SINGH

Typed or printed name of signee