

L150000090827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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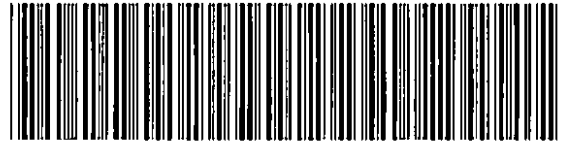
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

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:

Tuly Masri

Name of Person

Naveen Senior HomeCare LLC

Firm/Company

6 Krolla Drive, Unit 2

Address

Monroe, NY 10950

City/State and Zip Code

tulymasri@gmail.com

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

For further information concerning this matter, please call:

Denise Devlin

267 930-7633

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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 May 21, 2015 and assigned
Florida document number 115000090827

This amendment is submitted to amend the following:

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

Not Applicable

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:

3861 N. 39th Ave.

(Principal office address MUST BE A STREET ADDRESS)

Hollywood, FL 33021

Enter new mailing address, if applicable:

Tuly Masri

(Mailing address MAY BE A POST OFFICE BOX)

6 Krolla Dr., Unit 2

Monroe, NY 10950

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:

Tuly Masri

New Registered Office Address:

3861 N. 39th Ave.

Enter Florida street address

Hollywood

City

Florida 33021

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.

Tuly Masri

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>
MGR	Tara Deorajsingh	3263 Buffalo Ct.	<input type="checkbox"/> Add
		Kissimmee, FL 34746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gita Deorajsingh	9932 Wheatberry Ct.	<input type="checkbox"/> Add
		Orlando, FL 32824	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tuly Masri	6 Krolla Dr., Unit 2	<input checked="" type="checkbox"/> Add
		Monroe, NY 10950	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

F. 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 December 27, 2023

Thyres

Signature of a member or authorized representative of a member

Tuly Masri

Typed or printed name of signee