

L16 000054766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

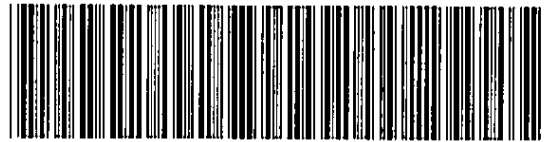
(Business Entity Name)

(Document Number)

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07/19/22--01025--005 **25.00

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DATE 07/19/22 BY 60324
UCBAW/STP/FLORIDA

2022 JUL 19 PM 6:31

OCT 10 2022

PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIG HEART HOME 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:

ELENA SOTO

Name of Person

BIG HEART HOME CARE

Firm/Company

6001 ELDORADO DRIVE

Address

TAMPA FL 33615

City/State and Zip Code

ELENA.ROSE@YAHOO.COM

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

For further information concerning this matter, please call:

ELENA SOTO

407 451-8340

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

BIG HEART HOME CARE, 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 3/17/2016 and assigned
Florida document number L16000054766

FILED
2022 JUL 19 PM 6:31
TALLAHASSEE, FLORIDA

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)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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

MGR = Manager
AMBR = Authorized Member

[illegible]

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

Please change Elena Soto from AMBR to MGR effective immediatly.

I Elena Soto will no longer be considered a owner of this company (Big Heart Home Care LLC)

I Elena Soto have agreed to accept a retention payment in the sum of \$10 000. with additional
bonus incentives throughout the year and the length of my employment.

In return I Elena Soto agree to remain as an employed (MGR) Manager of the direct care staff .

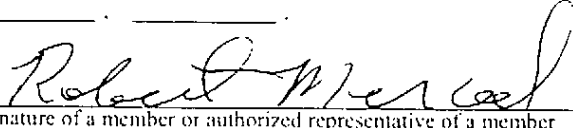
E. Effective date, if other than the date of filing: 7/16/2022 **(optional)**

(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 JULY 15 2022


Signature of a member or authorized representative of a member

ROBERT MERCED

Typed or printed name of signer

2022 JUL 19 PM 6:31
CLERK OF THE
DEPARTMENT OF
STATE
FLORIDA