

L16000089769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

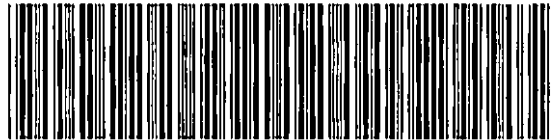
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA  
2020 MAR -5 AM 8:14

FILED

MAR 06 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 14, 2020

MARTHA KHAMA  
QUALITY HOME CARE PROFESSIONALS, LLC  
6001 SILVER STAR ROAD STE 3  
ORLANDO, FL 32808

SUBJECT: QUALITY HOME CARE PROFESSIONALS, L.L.C  
Ref. Number: L16000089769

We have received your document for QUALITY HOME CARE PROFESSIONALS, L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 420A00001069

2020 JAN 14 3:10

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Quality Home Care Professionals 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:

Martha Khama  
Name of Person

Quality Home Care Professionals  
Firm/Company

6001 Silver Star Road Suite 3  
Address

Orlando 32808  
City/State and Zip Code

Martha@qualityhomecarepro.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha & Khama at (267) 231 1817 or office 407 289 2481  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Quality Home Care Professionals 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 5/6/2016 and assigned Florida document number L16000089769.

This amendment is submitted to amend the following:

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

Quality Home Care Professionals LLC (name did not change)  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

6001 Silver Star Road  
Suite 3  
Orlando 32808

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

The Same

**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**

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>
<u>Manager</u>	<u>Martina Khanna</u>	<u>55 Spring Glen drive</u>	<input checked="" type="checkbox"/> Add
		<u>Delary 32713</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Manager</u>	<u>Marie Khanna</u>	<u>58 Spring Glen drive</u>	<input checked="" type="checkbox"/> Add
		<u>Delary 32713</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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.)**

I Martha Cate changed my name to Martha Khao  
attached is my Marriage Certificate, SSN Card & Driver's  
License.

We also change the interest from 50% to  
Martha Khao 60%  
Tina Khao 40%

We changed the same address from 4 to 2  
New address is local Silver Star Rd suite 2 Orlando FL 328

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

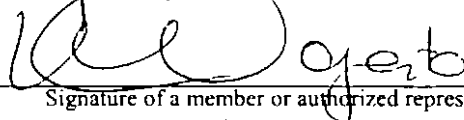
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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

February 7, 2020



Signature of a member or authorized representative of a member

Martha Khao

Typed or printed name of signee