

# L16000105352

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

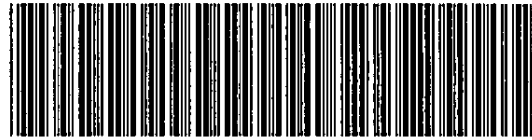
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 20 2016  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Legacy Senior 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:

Florence Damus

Name of Person

Legacy Senior Home Care, LLC

Firm/Company

1489 W. Palmetto Park Rd. Suite 300-22

Address

Boca Raton, FL 33486

City/State and Zip Code

legacyshe@gmail.com

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

For further information concerning this matter, please call:

Florence Damus

Name of Person

at (361)

Area Code

584-4264

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**

Legacy Senior 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 5/31/2016 and assigned  
Florida document number L16000105352.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1489 W. Palmetto Park Rd.  
Suite 300-22  
Boca Raton, FL 33486

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1489 W. Palmetto Park Rd.  
Suite 300-22  
Boca Raton, FL 33486

**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:

1489 W. Palmetto Park Rd. Suite 300-22  
Enter Florida street address  
Boca Raton, Florida 33486  
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>                      |
|--------------|----------------|---------------------------|--|
| CEO          | Florence Damus | 4801 Linton Blvd.         | <input type="checkbox"/> Add               |
|              |                | Ste. 11A                  | <input type="checkbox"/> Remove            |
|              |                | Delray Beach, FL 33445    | <input checked="" type="checkbox"/> Change |
| AMBR         | Florence Damus | 1489 W. Palmetto Park Rd. | <input checked="" type="checkbox"/> Add    |
|              |                | Suite 300-22              | <input type="checkbox"/> Remove            |
|              |                | Boca Raton, FL 33486      | <input type="checkbox"/> Change            |
| CFO          | Yves Cherisme  | 4801 Linton Blvd.         | <input type="checkbox"/> Add               |
|              |                | Ste. 11A                  | <input type="checkbox"/> Remove            |
|              |                | Delray Beach, FL 33445    | <input checked="" type="checkbox"/> Change |
| AMBR         | Yves Cherisme  | 1489 W. Palmetto Park Rd. | <input checked="" type="checkbox"/> Add    |
|              |                | Suite 300-22              | <input type="checkbox"/> Remove            |
|              |                | Boca Raton, FL 33486      | <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            |

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

**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**

Dated September 14, 2016

Florence Hamrick  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

FLORENCE DAMUS  
Typed or printed name of signer

Typed or printed name of signee

16 SEP 19 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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