

L16000106672

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TALLAHASSEE, FLORIDA
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16 AUG 12 PM 4:26
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TALLAHASSEE, FLORIDA

8/15/16



5323 Millenia Lakes Blvd · Suite 300 · Orlando, FL 32839
407-734-4250 · support@alexiscare.com

August 10, 2016

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Florida Department of State,

On behalf of AlexisCare, LLC, I am writing to amend our Articles of Organization of our Florida Limited Liability Company. This amendment includes adding a new member, Zack Goldberg, as well as an address change. You will find this updated information as well as our filing fee enclosed with this letter. If you have any further questions, please don't hesitate to call.

Sincerely,

Kevin White

Kevin White
President
AlexisCare, LLC
407-205-2064

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AlexisCare, 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:

Kevin White
Name of Person

AlexisCare, LLC
Firm/Company

5323 Millennia Lakes Blvd, Ste 300
Address

Orlando, FL 32839
City/State and Zip Code

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

For further information concerning this matter, please call:

Kevin White at (407) 205-2064
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

TO
ARTICLES OF ORGANIZATION
OF

Alexis 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 6-1-16 and assigned
Florida document number L16000106672.

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)

5323 Millenia Lakes Blvd

Suite 300

Orlando, FL 32839

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5323 Millenia Lakes Blvd

Suite 300

Orlando, FL 32839

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

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TALLAHASSEE, FLORIDA

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|---|---|
| AMBR | Zack Goldberg | 7142 Hiwassee Overlook Dr. Orlando, FL 32835 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

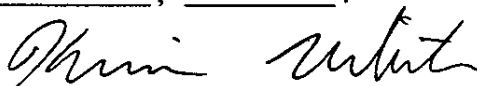
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 _____, _____.



Signature of a member or authorized representative of a member

Kevin White

Typed or printed name of signee