

L16000109216

12/28/2016 14:48 FAX

Sunbiz\_Law\_Tampa

001/005

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CARLTON FIELDS  
Account Number : 076077000355  
Phone : (813) 223-7000  
Fax Number : (813) 229-4133

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ACTIVE HOME HEALTH SOLUTIONS, LLC

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Corporate Filing Menu

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ACTIVE HOME HEALTH SOLUTIONS, 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:

Radha Bachman, Esq.

Name of Person

Carlton Fields

Firm/Company

4221 W. Boy Scout Blvd., Ste. 1000

Address

Tampa, FL 33607

City/State and Zip Code

swmzero@aol.com

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

For further information concerning this matter, please call:

Radha Bachman

813

229-4382

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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☐ \$55.00 Filing Fee &  
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☐ \$60.00 Filing Fee,  
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**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

ACTIVE HOME HEALTH SOLUTIONS, 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 June 6, 2016 and assigned Florida document number L16000109216

**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

City

**Florida**

**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>
AMBR	Shelley Morgan	7708 Isabella Ln.	<input type="checkbox"/> Add
		Odessa, FL 33556	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Sidney Morgan	7708 Isabella Ln.	<input type="checkbox"/> Add
		Odessa, FL 33556	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	Shayna Grunewald	33845 SILVER PINE DR.	<input checked="" type="checkbox"/> Add
		LEESBURG, FL 34788	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 2018 DEC 28 AM 11:51

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

Sidney Morgan and Shelley Morgan should also be listed as Managers.

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**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 December 28, 2016



Signature of a member or authorized representative of a member

Sidney Morgan

Typed or printed name of signer

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CLERK OF STATE  
TALLAHASSEE, FLORIDA