## L16000/35230

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## **COVER LETTER**

то:	Registration Sec Division of Corp			
CLID IEZ		lelpers LLC		
SUBJEC	∪I; <u>_</u>	Name of Lim	ited Liability Company	<del></del>
The encl	losed Articles of /	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Rebecca Callahan		
			Name of Person	
		Homecare Helpers LLC		
			Firm/Company	
		PO Box 272209		
			Address	
		Boca Raton, FL 33427		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		rcallahan@abs.care	to be used for future annual report noti-	v
For furth	ner information ec	oncerning this matter, please of	•	neacion)
Rebecca	a Callahan		561 571-2387	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	I is a check for th	e 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

Homecare Helpers LLC			
(Name of the Limi	ted Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited L. Florida document number L16000135230	iability Company were fil	ed on July 19, 2016	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	of the limited liability con	apany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	any," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applic	cable:	<u>, , , , , , , , , , , , , , , , , , , </u>	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered o  Name of New Registered Agent:		dress on our records, enter the	name of the new
New Registered Office Address:	301 Yamato Road: Suite		
		Enter Florida street address	
	Boca Raton	Florida 33431	
	City	$\sim Z_0$	ip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree to ac er and complete perforn istered agent as provided registered office address	nance of my duties, and I am famil I for in Chapter 605, F.S. Or, if th	ligeswit <del>h a</del> nd is <del>document</del> is

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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Typed or printed name of signee

Filing Fee: \$25.00