L16000143620

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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
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SECKETARY OF STATE

D. BRUCE JAN 25 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2016

RADIAH MYRICK 200 78TH AVE NORTH, APT 73 ST. PETERSBURG, FL 33702

SUBJECT: DIAHS SKILLED PROVATE HOME CARE LLC

Ref. Number: L16000143620

We have received your document for DIAHS SKILLED PROVATE HOME CARE LLC and your check(s) totaling \$30.00. 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 "all" pages of the document.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 316A00027506

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COVER LETTER

Division of Corporations
SUBJECT: Diahs Skilled Provate 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:
Radiah Myrick Name of Person
Diahs Private Home Care LLC Firm/Company
200 78th Auc North Apt 73
St. Petersburg Florida 33702 AFF Torida Stylestate and Zip Code radiah Green 09 @ Gmail. com
TATILLY SICENCIPY AT THE PROPERTY OF THE PROPE
For further information concerning this matter, please call:
Radiah Myrick at (727) 7/2-7/6/6/ Name of Person at (727) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status

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

Diahs skilled P	rovate Home Care LLC
(<u>Name of the Limited Lightlity Compan</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 11005143620	were filed on Ly 26, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Diahs Private	Home Care LLC
The new name must be distinguishable and contain the words "Limited Liabili 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 offices address here	SECURE AND 24 P 24 P 24 P 24 P 24 P 24 P 25 P 25 P
Name of New Registered Agent: New Registered Office Address:	NIA
New Registered Office Address.	Enter Florida street address
	, FloridaZip Code
Non-Doubstaned Agentle Champions of shapping Doubstaned Agents	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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an effective date is ote: If the date i	nserted in this b	lock does not r	neet the appli	cable statutor	g or more than s y filing require	00 days after filir	ng.) Pursuant	to 605.02 be listed
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Filing Fee: \$25.00