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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 30 2016
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GUARDIAN ANGELS HOME HEALTH 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:

RENNE A DILEO

Name of Person

GUARDIAN ANGELS HOME HEALTH CARE, LLC

Firm/Company

181 WATERFORD DR

Address

JUPITER FL 33458

City/State and Zip Code

RENNEDILEO@GMAIL.COM

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

For further information concerning this matter, please call:

RENNE DILEO

561 254-8593
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2016 AUG 29 PM 2:25

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GUARDIAN ANGELS HOME HEALTH 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 08/22/2016 and assigned Florida document number L16000156494.

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:

181 WATERFORD DR

(Principal office address MUST BE A STREET ADDRESS)

JUPITER FL 33458

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:

RENNE A DILEO

New Registered Office Address:

181 WATERFORD DR

Enter Florida street address

JUPITER

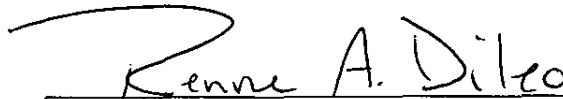
City

Florida 33458

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>
MGR	RENNE A DILEO	181 WATERFORD DR	<input checked="" type="checkbox"/> Add
		JUPITER FL 33458	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DOLORES B COLLINS	7535 SE BAY CEDAR CR.	<input type="checkbox"/> Add
		HOBE SOUND FL 33455	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Dated 8/24/16 August 24, 2016

Penne A. Dilco
Signature of a member or authorized representative of a member

Renne A. Dileo
Typed or printed name of signee