

216000176909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

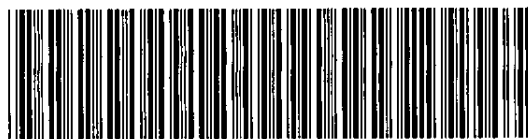
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Hills 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:

**Maurice Hills Sr.**

Name of Person

**Hills Home Health Care, LLC**

Firm/Company

**2378 Edgewood Ave W.**

Address

**Jacksonville, FL 32209-2453**

City/State and Zip Code

**mauriceh74@yahoo.com**

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

For further information concerning this matter, please call:

**Maurice Hills Sr.**

Name of Person

at ( **904** ) **803-1649**

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

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

Hills 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 09/22/2016 and assigned  
Florida document number L16000176909.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Hills Helping Hands, LLC

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*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** 02/21/2017 (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 \_\_\_\_\_, \_\_\_\_\_.

Mari B. ...

Signature of a member or authorized representative of a member

**Maurice Hills Sr.**

Typed or printed name of signee

## 7. Personnel (both required positions may be filled by the same person)

Please list the information requested below for the person(s) who manage this business. Both of the required positions may be filled by the same person.

TITLE	FULL LEGAL NAME	HOME ADDRESS	TELEPHONE NUMBER
ADMINISTRATOR	Maurice Hills Sr.	2601 Larkspur Ave Jacksonville, FL 32209	904-803-1649
FINANCIAL OFFICER	or <input checked="" type="checkbox"/> Same as Administrator		

## 8. Geographic Service Area

Initial and change of ownership applicants may apply to serve clients in the counties of a single geographic service area, as defined in 408.032(5), F.S., in which the address of record is located. Any homemaker and companion services provider holding a current registration from the AHCA may continue to serve clients in the counties listed on its registration.

Please check a single service area below and then check the counties to be served within that area. Remember the street address of the provider as listed in section 1A of this application must be located in one of the counties served.

- |  |  |   |  |  |  |
|--|--|---|--|--|--|
| <input type="checkbox"/> <b>AREA 1</b><br><input type="checkbox"/> Escambia<br><input type="checkbox"/> Okaloosa<br><input type="checkbox"/> Santa Rosa<br><input type="checkbox"/> Walton | <input type="checkbox"/> <b>AREA 2</b><br><input type="checkbox"/> Bay<br><input type="checkbox"/> Calhoun<br><input type="checkbox"/> Franklin<br><input type="checkbox"/> Gadsden<br><input type="checkbox"/> Gulf<br><input type="checkbox"/> Holmes<br><input type="checkbox"/> Jackson<br><input type="checkbox"/> Jefferson<br><input type="checkbox"/> Leon<br><input type="checkbox"/> Liberty<br><input type="checkbox"/> Madison<br><input type="checkbox"/> Taylor<br><input type="checkbox"/> Wakulla<br><input type="checkbox"/> Washington | <input type="checkbox"/> <b>AREA 3</b><br><input type="checkbox"/> Alachua<br><input type="checkbox"/> Bradford<br><input type="checkbox"/> Citrus<br><input type="checkbox"/> Columbia<br><input type="checkbox"/> Dixie<br><input type="checkbox"/> Gilchrist<br><input type="checkbox"/> Hamilton<br><input type="checkbox"/> Hernando<br><input type="checkbox"/> Lafayette<br><input type="checkbox"/> Lake<br><input type="checkbox"/> Levy<br><input type="checkbox"/> Marion<br><input type="checkbox"/> Putnam<br><input type="checkbox"/> Sumter<br><input type="checkbox"/> Suwannee<br><input type="checkbox"/> Union | <input checked="" type="checkbox"/> <b>AREA 4</b><br><input checked="" type="checkbox"/> Baker<br><input checked="" type="checkbox"/> Clay<br><input checked="" type="checkbox"/> Duval<br><input checked="" type="checkbox"/> Flagler<br><input checked="" type="checkbox"/> Nassau<br><input checked="" type="checkbox"/> St. Johns<br><input checked="" type="checkbox"/> Volusia<br><br><input type="checkbox"/> <b>AREA 5</b><br><input type="checkbox"/> Pasco<br><input type="checkbox"/> Pinellas<br><br><input type="checkbox"/> <b>AREA 6</b><br><input type="checkbox"/> Hardee<br><br><input type="checkbox"/> Highlands<br><input type="checkbox"/> Hillsborough<br><input type="checkbox"/> Manatee<br><input type="checkbox"/> Polk | <input type="checkbox"/> <b>AREA 7</b><br><input type="checkbox"/> Brevard<br><input type="checkbox"/> Orange<br><input type="checkbox"/> Osceola<br><input type="checkbox"/> Seminole<br><br><input type="checkbox"/> <b>AREA 8</b><br><input type="checkbox"/> Charlotte<br><input type="checkbox"/> Collier<br><input type="checkbox"/> DeSoto<br><input type="checkbox"/> Glades<br><input type="checkbox"/> Hendry<br><br><input type="checkbox"/> Lee<br><br><input type="checkbox"/> Sarasota | <input type="checkbox"/> <b>AREA 9</b><br><input type="checkbox"/> Indian River<br><input type="checkbox"/> Martin<br><input type="checkbox"/> Okeechobee<br><input type="checkbox"/> Palm Beach<br><input type="checkbox"/> St. Lucie<br><br><input type="checkbox"/> <b>AREA 10</b><br><input type="checkbox"/> Broward<br><br><input type="checkbox"/> <b>AREA 11</b><br><input type="checkbox"/> Miami-Dade<br><br><input type="checkbox"/> Monroe |
|--|--|---|--|--|--|

## 9. Printed Advertising Materials

- ☐ Copies of any brochures, flyers or other printed materials intended for advertising the services to be provided are included with this application.

OR

- ☒ This business does not have any printed advertising materials at this time.