L16000177348

(Requ	estor's Name)	· · ·	
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(City/s	State/Zip/Phone #	")	
PICK-UP	WAIT	MAIL	
(Busin	ess Entity Name)	
(Docu	ment Number)		
Certified Copies	Certificates o	f Status	
Special Instructions to Fil	ing Officer:		

Office Use Only



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May 12, 2020

ANGELYNE CEZAIRE 4699 N FEDERAL HWY 208B POMPANO BEACH, FL 33064

SUBJECT: ANGEL BLESS CARE SERVICES LLC

Ref. Number: L16000177348

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

Letter Number: 620A00009712

Susan Tallent Regulatory Specialist II

COVER LETTER

	Registration Se Division of Cor		10 S & 4	•
	Angel Bless	Care Services,LLC	0 - 2 ± €	· į
SUBJEC	T:	Name of Lin	nited Liability Company	·
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspon	ndence concerning this matter	to the following:	
,		Angelyne Cezaire		
• • •	•		Name of Person	
			Firm/Company	F/ 22
		4699 N Federal HY 208B		
			Address	
POMPAN BEACH				
		ANGELLOVEGOD25@GI	City/State and Zip Code	
			to be used for future annual report	notification)
For further	er information co	oncerning this matter, please c	all:	
ANGELYNE CEZAIRE		954 299-7472	2	
	Name of	Person	at () Area Code Day	time Telephone Number
Enclosed	is a check for the	e following amount:		
■ \$ 25.0	0 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	=	Street Address	
Registration Section Division of Corporations		Registration Division of (
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Angel Bless Care Services LLC			
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our a la Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability (9/22/2016	and assigned
Florida document number L16000177348			_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbrev	iation: L.L.C."
Enter new principal offices address, if applicable:		·.	الله الله
Principal office address MUST BE A STREET ADD	RESS)		125
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			PH 3: 02
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, g	enter the name of	the new regist
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>	Address	Type of Action
MGR Angelyne Cezaire	Angelyne Cezaire	631 W Durham	□Add
		Deerfield Beach,33442	□Remove
			≅ Change
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□Add
			ПRетоve
			□Change
			□Add
			□Remove
		 .	□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 April 21 2020 Signature of a member or authorized representative of a member Angelyne Cezaire Typed or printed name of signee