# L16000308026

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500292952225

12/30/16--01014--008 \*\*30.00

FILED
2018 GEC 30 A & WO

**S Warren**JAN 03 2017

### **COVER LETTER**

SUBJECT: Life Touch Home Care LLC  Name of Limited Liability Company	
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:	
Litta Antoine Name of Person	
Life Touch Home Care	
47 Pickering Dr Address	
Palm Coast, FL. 32144 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Maryin Antoine at 501 108 - 3536  Name of Person at 501 Daytime Telephone Number	_
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$25.00 Filin	tatus &

#### MAILING ADDRESS:

Registration Section · Division of Corporations

TO:

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

LIFE TOUCH HOME	CUYE LLC			
(A Florida L.	Company as it now appears on our imited Liability Company)	records.)		
The Author Committee Control Park III 1996 Co		1 2016 and assigned		
The Articles of Organization for this Limited Liability Cor	mpany were filed on	and assigned		
Florida document number L16000208056	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	<del></del>			
B. If amending the registered agent and/or registe		ecords, enter the name of the nev		
registered agent and/or the new registered office addre	ss here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stree	t address		
		, Florida Zip Code		
·	City	Zip Code		
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent an	nd agree to act in this capacit	y. I further agree to comply with the		
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nplete performance of my dui	ties, and I am familiar with and		
being filed to merely reflect a change in the registered	office address, I hereby conf	irm that the limited liability		
company has been notified in writing of this change.		•		
		28.		
	If Changing Registered Agent, Sig			
	D 4 40			
	Page 1 of 3			
		ma _ 111		

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> Name **Address** Type of Action Marvin M Antoine 47 Pickering Dr MGR □ Add Palm Coast F1 32164 ☑ Remove ☐ Change <u>Litha</u> M Antoine MGR 47 Pickering Dr □ Add Palm Coast FL 3214 \_□ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change Add □-Remore **□**øhange

,	, ,	_					
		1,					
		1 4.	1.)				<del> </del>
					<del>,</del>		<u>-</u>
	·						<u></u>
							_
<del>.,</del>					<u> </u>	<u></u>	- <del></del>
-			· · · · · · · · · · · · · · · · · · ·		<u></u>		
		<del> –</del>			<del></del>	<u>-</u>	·····
		<u>.                                    </u>					<del></del>
				<u></u> .		·	
<del>.</del>							
						······································	<del></del> _
_	,						
ective a effecti	date, if other than the ive date is listed, the date must the date inserted in this blows effective date on the De	ck does not	meet the applica	o date of filing or m ble statutory filing	(op ore than 90 days a g requirements,	his date wil	ersuant to 605.020 Il not be listed a
te: If to the cument of the cu	rd specifies a delayed Oth day after the reco	effective ord is filed	date, but not	an effective t	ime, at 12:0	La.m. on	the earlier o
te: If it count to the second	d specifies a delayed	ord is filed	date, but not	an effective t	ime, at 12:0:	l a.m. on	the earlier o
te: If it count to the second	rd specifies a delayed oth day after the reco	ord is filed	, 2016 M Su	torne		La.m. on	the earlier of
te: If it count to the second	rd specifies a delayed oth day after the reco	ord is filed	, 2016 M Su	an effective t		La.m. on	N2 C22
te: If it coment recore the 90	rd specifies a delayed oth day after the reco	ord is filed	, 2016 M And member of autho	torize rized representative		- 1 (1) - 1 (1) - 1 (1)	77
te: If it count to the second	ord specifies a delayed of the day after the reco	ord is filed	, 2016 M And member of autho	torne		SECRETARY	
te: If it count to the second	ord specifies a delayed of the day after the reco	ord is filed	, 2016 member or autho Anto	torize rized representative		- 1 (1) - 1 (1) - 1 (1)	77