

216000218672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

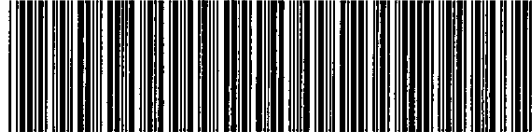
(Business Entity Name)

(Document Number)

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2017 MAY -9 P 4: 34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
MAY 10 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: High Quality Family Care  
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:

Mate Dezamits  
Name of Person  
High Quality Family Care  
Firm/Company  
1210 N Riverside Dr. Apt. 204  
Address  
Pompano Beach FL 33062  
City/State and Zip Code  
MATTE.AUSTRALIA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

2017 MAY -8 PM 4:44  
TALLAHASSEE, FLORIDA

2017 MAY -9 P 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Mate Dezamits at (954) 478-2056  
Name of Person 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

**TO  
ARTICLES OF ORGANIZATION  
OF**

High Quality Family Care

(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 12-2-2016 and assigned Florida document number L16000218672.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

850 NE 23<sup>rd</sup> Ave  
Pompano Beach FL 33062

**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

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**

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TALLAHASSEE, FLORIDA

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	Swistoski Kimberly	850 NE 23 <sup>rd</sup> Ave	<input type="checkbox"/> Add
		Pompano Beach, FL, 33062	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Swistoski Yoel	850 Ne 23 <sup>rd</sup> Ave	<input type="checkbox"/> Add
		Pompano Beach, FL, 33062	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Remove Joel Swistowski

Remove Kimberly Swistowski

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E. Effective date, if other than the date of filing: 5/2/2017 (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 5-2-2017

Kimberly K. Swistowski

Signature of a member or authorized representative of a member

Kimberly K. Swistowski

Typed or printed name of signer