

116000223957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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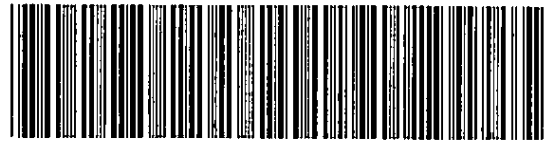
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 SEP 19 AM 11:33
CLERK OF SUPERIOR COURT
CLERK/STAFF 110003

K SALY
SEP 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oasis of Serenity Homecare, 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:

May Flor Harris
Name of Person

Oasis of Serenity Homecare, LLC
Firm/Company

368 Cypress Knee Lane
Address

Lake Mary, FL - 32746
City/State and Zip Code

Oshc2017@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

May Flor Harris at (407) 474-7427
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

TO
ARTICLES OF ORGANIZATION
OF

Davis of Serenity Homecare, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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CLERK OF STATE
ALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/12/2016 and assigned
Florida document number L16000223957.

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) _____

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP/AMBR</u>	<u>Andrea Monica Cham</u>	<u>15049 Waterford Chase Pkwy</u>	<input type="checkbox"/> Add
		<u>Orlando, FL. 32828</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Fila May Olivares</u>	<u>1004 Bristol Lakes Rd. Apt. 105</u>	<input type="checkbox"/> Add
		<u>Mt. Dora, FL. 32757</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Jose Olivares</u>	<u>1004 Bristol Lakes Rd. Apt. 105</u>	<input type="checkbox"/> Add
		<u>Mt. Dora, FL. 32757</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Melchor Christopher</u>	<u>15049 Waterford Chase Pkwy</u>	<input type="checkbox"/> Add
	<u>Cachuela</u>	<u>Orlando, FL. 32828</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

20 SEP 11 11:33 AM
STATE OF FLORIDA
TALLAHASSEE

Lined area for text entry.

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2017 SEP 19 AM 11:33
CLERK OF SUPERIOR COURT
JAILAN S. S. S. S. S.

E. Effective date, if other than the date of filing: _____ (optional)

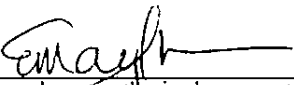
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 September 14, 2017.



Signature of a member or authorized representative of a member

May Flor Harris

Typed or printed name of signee