LI70000046561

(Re	questor's Name)	
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(Ad	dress)	<u>_</u>
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer	
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June 30, 2021

MARIVIC SPAULDING 6161 82ND AVE N. PINELLAS PARK, FL 33781

SUBJECT: MARY'S CRYSTAL HOMECARE LLC

Ref. Number: L17000046561

We have received your document for MARY'S CRYSTAL HOMECARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Yvette Scott Document Specialist II

RECEIVED WILL

Letter Number: 821A00015002

COVER LETTER

TO: Registration S Division of Co	Section		
Mary's Cry	vstal Homecare LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Marivic Spaulding		
		Name of Person	
•	Mary's Crystal Homecare	LLC	
		Firm/Company	- 1
	6161 82nd Avc.N		. <u></u>
		Address	
	Pinellas Park Florida 3378	1	
		City/State and Zip Code	
	marycrystalllc@gmail.com		
		to be used for future annual report noti	dication)
For further information of	concerning this matter, please c	all:	
Marivic Spaulding	Misson	540 246-5088 at ()	
Name o	of Person		e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fec	☐ \$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 Addres Registration S		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	allahassee
Tallahassee F	-T. 32314	2415 N. Monro	e Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT. TO ARTICLES OF ORGANIZATION OF

1.

Mary's Crystal Homecare LLC		
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our records nited Liability Company)	<u>J</u>
he Articles of Organization for this Limited Liability Comp	pany were filed on 05/20/2021	and assigned
lorida document number L17000046561		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
Mary Crystal Homecare LLC		
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES		
	-	,
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		-
Turning Bull Cas HILL MARTE VOT VI TECH DVING		
		
. If amending the registered agent and/or registered of	fice address on our records, ente <u>r t</u>	he name of the new regist
gent and/or the new registered office address here:	, 	
Name of New Registered Agent:		
New Registered Office Address:		
new registered office Address.	Enter Florida street address	
	Flor	rida
	City	rida 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>	Name	<u>Address</u>	Type of Action
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	,	clearmance TI 332	<u></u> □Remove
			□ Change
			🗆 Add
			□Remove
i.			□Change
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fan effect	e date, if other than the dive date is listed, the date must	he specific and car	nnot be prior to da			ling.) Pursuant to 605	
Man IC	the date inserted in this bloc t's effective date on the Dep			statutory filing re	quirements, this o	late will not be list	ed as
record s	specifies a delayed effective	date, but not an	effective time,	at 12:01 a.m. on t	he earlier of: (b)	The 90th day afte	r the
record s						The 90th day afte	er the
record s						The 90th day afte	r the
document record s rd is filed						The 90th day afte	er the