

L170000 64608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

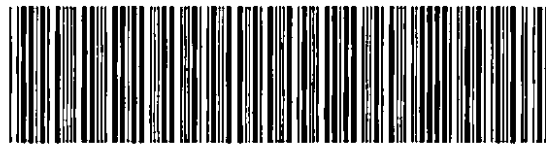
(Document Number)

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2021 JUL 22 PM 5:01

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JUL 22 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2020

BEVERLY ROBINSON
POST OFFICE BOX 831026
OCALA, FL 34483

SUBJECT: BEV CARE HEALTH SERVICES LLC
Ref. Number: L17000064608

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. Please return to our website at www.sunbiz.org, click on 'Reinstatement' under the filing services menu and then follow the instructions.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 220A00002569

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BEV CARE HEALTH SERVICES

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:

BEVERLY ROBINSON

Name of Person

BESPOKE HOME CARE

Firm/Company

P.O. BOX 831026

Address

OCALA, FLORIDA 34483

City/State and Zip Code

EMPRESSNBLESS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEVERLY ROBINSON

352 661-9101

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2021 JUL 22 PM 5:01

BEV CARE HEALTH SERVICES

(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 3/21/2017 and assigned
Florida document number L17000064608

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BESPOKE HOME CARE LLC

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)

215 LOCUST PASS LANE

OCALA, FLORIDA 34472

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 831026

OCALA, FLORIDA

34483

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:

BEVERLY ROBINSON

New Registered Office Address:

215 LOCUST PASS LANE

Enter Florida street address

OCALA,

City

Florida 34472

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>	<u>Address</u>	2021 JUL 22 PM 5:01	<u>Type of Action</u>
_____	_____	_____		<input type="checkbox"/> Add
		_____		<input type="checkbox"/> Remove
		_____		<input type="checkbox"/> Change
_____	_____	_____		<input type="checkbox"/> Add
		_____		<input type="checkbox"/> Remove
		_____		<input type="checkbox"/> Change
_____	_____	_____		<input type="checkbox"/> Add
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		_____		<input type="checkbox"/> Remove
		_____		<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

~~2971 JUL 22 PM 5:01~~

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 _____

1st Quarter

Signature of a member or authorized representative of a member

BEVERLY ROBINSON

Typed or printed name of signee

Filing Fee: \$25.00