

L17000065179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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APR 07 2017

S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HEART TO HEART HOMECARE OF PALM BEACH

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:

PAULITA CAMACHO

Name of Person

Firm/Company

4622 JILL PLACE

Address

LAKE WORTH, FL 33463

City/State and Zip Code

H2HHCOFPB@GMAIL.COM

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

For further information concerning this matter, please call:

PAULITA CAMACHO

561 373-7039
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

HEART TO HEART HOMECARE OF PALM BEACH

(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 MARCH 22, 2017 and assigned
Florida document number L17000065179.

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

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>	<u>Type of Action</u>
AR	BLANCA A ALMAZAN	P.O. BOX 212973	<input type="checkbox"/> Add
		ROYAL PALM BEACH	<input checked="" type="checkbox"/> Remove
		FL 33421	<input type="checkbox"/> Change
MGR	BLANCA A ALMAZAN	P.O. BOX 212973	<input checked="" type="checkbox"/> Add
		ROYAL PALM BEACH	<input type="checkbox"/> Remove
		FL 33421	<input type="checkbox"/> Change
MGR	PAULITA CAMACHO	4622 JILL PLACE	<input checked="" type="checkbox"/> Add
		LAKE WORTH	<input type="checkbox"/> Remove
		FL 33463	<input type="checkbox"/> Change
			<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I NEED TO ADD MYSELF AS A MANAGER AND CHANGE BLANCA'S TITLE TO MANAGER.

I, PAULITA CAMACHO, AM 100% OWNER AND CAN NOT OPEN A BANK ACCOUNT BEACUSE I AM
NOT LISTED AS A MANAGER OR AUTHORIZED MEMBER. PLEASE MAKE THESE CHANGES SO I
CAN PROCEED ON OPENING A BANK ACCOUNT FOR MY BUSINESS.

THANK YOU,

PAULITA CAMACHO

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

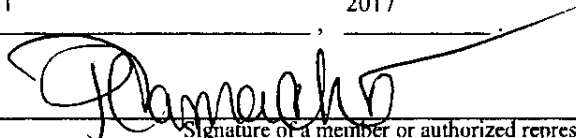
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 MARCH 31, 2017



Signature of a member or authorized representative of a member

PAULITA CAMACHO

Typed or printed name of signee