

3/26/2019

L17000071791

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

1290889

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000100324 3)))



H190001003243ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : PARASEC
Account Number : I20180000086
Phone : (916)576-7000
Fax Number : (800)603-5868

2019 MAR 26 P 9:57
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LIVING WELL ENTERPRISE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

4/9/19 DS

Mar. 26. 2019 10:50AM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

No. 1607 P. 1

Living Well Enterprise, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2019 MAR 28 P 9:57
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/29/2017

and assigned

Florida document number L17000071791

This amendment is submitted to amend the following:

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

Living Well 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)

9936 Azalea Bloom Way
#517
RIVERVIEW, FL 33578

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9936 Azalea Bloom Way
#517
RIVERVIEW, FL 33578

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

If sMar. 26. 2019 10:50AMson(s) authorized to manage, enter the title, name, and address No. 1607,ers P. 2 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>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 MAR 26 2019
 FALLS CHURCH, VA

FILED

D. Mar. 26. 2019y 10:50AMormation, enter change(s) here: (Attach additional sheets, if nece.No. 1607 P. 3

FILED
2019 MAR 26 P 4:57
TALLAHASSEE, FLORIDA

March 25

2019

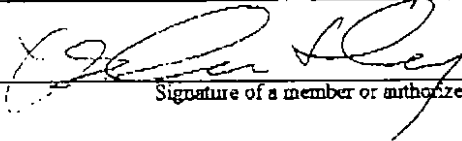
E. Effective date, if other than the date of filing: _____ (optional)

(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 25, 2019.



Signature of a member or authorized representative of a member

Xiomara Dudley

Typed or printed name of signee