

# L17000071825

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

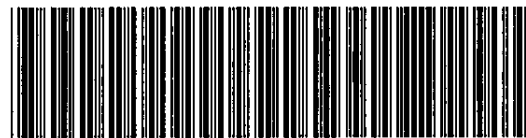
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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MAY 01 2017

**FULLER & ASSOCIATES**  
**ATTORNEYS AT LAW**

**BARRY J. FULLER**  
**MEMBER FLORIDA AND CALIFORNIA BARS**

April 25, 2017

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: I am With Thee Homecare Services, LLC  
Document Number 117000071825  
Articles of Amendment to Articles of Organization

Dear Sirs:

Enclosed herewith please find the following document:

- Article of Amendment to Articles of Incorporation; and
- This firm's check for \$25 which represents the Filing Fee.

Thank you for your attention hereto. For further information concerning this matter, please call or email the undersigned.

Sincerely yours,



Terri Wegmann  
Paralegal to Barry J. Fuller

BJF:tbw  
Enclosures

F:\BusinessOrganizations\LLC's\I Am With Thee Homecare Services, LLC\Restatement\et.10.10.12.wpd

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** I AM WITH THE HOMECARE SERVICES, 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:

TERRI WEGMANN

Name of Person

FULLER & ASSOCIATES

Firm/Company

2301 PARK AVENUE, SUITE 404

Address

ORANGE PARK, FLORIDA 32073

City/State and Zip Code

twegmann@lawfuller.com

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

For further information concerning this matter, please call:

TERRI WEGMANN

904 264-0585  
at ( )  
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

I AM WITH THE HOMECARE SERVICES, LLC

(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 29, 2017 and assigned  
Florida document number L17000071825.

This amendment is submitted to amend the following:

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

I AM WITH THEE HOMECARE SERVICES, 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)

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 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>
			<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.)

17 APR 27 PM 1:53

E. Effective date, if other than the date of filing: MARCH 29, 2017 (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 APRIL 24, 2017

FAUSTINO PINEDA  
Signature of a member or authorized representative of a member

FAUSTINO PINEDA  
Typed or printed name of signer