

LI 7000082088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

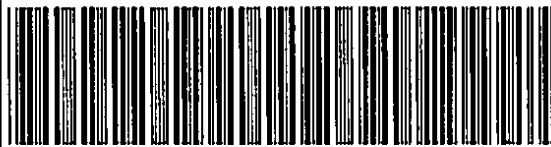
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2017 JUL 24 AM 10:02
SUBMITTING OFFICE
FALL ADDRESS: 100010A

JUL 27 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FL FALCON HOME CARE 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:

WAVENEY GITTENS-WILLIAMS

Name of Person

FL FALCON HOME CARE LLC.

Firm/Company

3706 W. Idlewild Cir #203

Address

TAMPA, FL 33614

City/State and Zip Code

AXXESSNURSES17@gmail.com

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

For further information concerning this matter, please call:

WAVENEY GITTENS-WILLIAMS

Name of Person

at (813)

Area Code

446-0162

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

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

FL FALCON Home CARE 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 04/12/2017 and assigned Florida document number L17000082088.

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)

3706 W. Idlewild Cir #203
TAMPA, FL 33614

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3706 W. Idlewild Cir #203
TAMPA, FL 33614

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:

3706 W. Idlewild Cir # 203

Enter Florida street address

TAMPA, FL, Florida 33614

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

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TAMPA, FL

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Waveney Giffens-William	3706 W. Idlewild Cir #203 Tampa FL 33614	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AP	Jahadyia Giffens-William	3706 W. Idlewild Cir # 203 Tampa FL 33614	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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MILWAUKEE DISTRICT

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

Please ADD EIN # 82-1191094

Please Add state of Florida: License # 234950
Certificate # 23523

E. Effective date, if other than the date of filing: 04/12/2017 (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

Wayney Gittens-Williams

Signature of a member or authorized representative of a member

WAYNEY GITTENS-WILLIAMS

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FL 32304