117000115086

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JUN 1 3 2017

V SULKER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Caring Heart At Home personal Care ser
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jamine Barbary Name of Person
Caring Heart At Home UC Firm/Company
7528 Arlington Expressivay#105
Jacksonville, FL 32211 City/State and Zip Code
TamireBarbary25@amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (ACH) 571 - 9858 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scritificate of Status Status Status Scritified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

The Articles of Organization for this Limited Liability Company were filed on Florida document number _\ 7000115086 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 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 **Type of Action Title** <u>Name</u> <u>Address</u> _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add ☐ Remove _□ Change _□ Add _□ Remove ☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if neces		
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E. Effec	ive date, if other than the date of filing:	nal)S	
(ii an e	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after for the date inserted in this block does not meet the applicable statutory filing requirements, this can be applicable.	iling.) Pursuant to (date will not be l	505.0207 (3)(b isted as the
docui	nent's effective date on the Department of State's records.		
T. F. L		+	ul:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a. 90th day after the record is filed.	m. on the ear	riier oi:
Dated	June 7 ,2017.		
	Signature of a member or authorized representative of aymember		
	Signature of a member or authorized representative of aymember		

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Filing Fee: \$25.00