## L17000115719

(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Docur	nent Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filin	ng Officer:	<del></del> !
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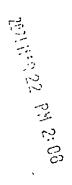


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## **COVER LETTER**

TO:	Registration Sec Division of Corp		· •; •	. •
CHIDIE			•	
SUBJE.	C1;	Name of Limi	ited Liability Company	<del></del>
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		Nelcie Ecclesiastre		
			Name of Person	
		<del></del>	Finn/Company	
	Division of Corporations  ELN Home Health Care LLC  CT: Name of Limited Liability Company  Closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  Nelcie Ecclesiastre  Name of Person  Firm/Company  100 Belmont Drive  Address  Saint Johns, FL 32259  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  Name of Person  Name of Person  Paying Telephone Number  at (  Area Code  Daytime Telephone Number  at is a check for the following amount:  Certificate of Status  Certificate Of Status  Certificate Of Status  Certificate Of Status  Certificate Copy  (additional copy is enclosed)  Certificate Of Status			
			Address	
		Saint Johns, FL 32259		
			City/State and Zip Code	
		E-mail address: (t	to be used for future annual report no	tification)
For furt	ner information co	oncerning this matter, please ea	all:	
			904 <b>8</b> 02-2405	
	Name of	Person	Area Code Daytii	ne Telephone Number
Enclose	d is a check for the	e following amount:		
<b>≘</b> \$25	.00 Filing Fec		Certified Copy	☐ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELN Home Health Care LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed on	05/25/2017 and assigned
lorida document number L17000115719	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	v here:
ELN Care 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	20
	20 <u>P</u> 1 12:53
3. If amending the registered agent and/or registered office address on or	r records, enter the name of the new region
gent and/or the new registered office address here:	구 고
Name of New Registered Agent:	2: 0
Traine of frew Registered Agent.	<del></del>
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 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>	Address	Type of Action
President	Nelcie Ecclesiastre	100 Belmont Dr. St Johns FL 32259	□Add
		<del> </del>	□Remove
			□Change
VP Elysee Ecclesiaastre	100 Belmont Dr. St Johns FL 32259	□Add	
		□Remove	
			[]Change
<del>.</del>			□Add
			Remove
			□Change
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		□Remove	
			Change



	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	<del></del>
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_	
reffec <u>te:</u> If	e date, if other than the date of filing:  March 17, 2021  (optional)  tive 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 605.020  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a at's effective date on the Department of State's records.
cord : s filed	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 f.
ed _	<del></del> ·
	Signature of a member or authorized representative of a member
	ELYSEE ECCLESIASTRE Typed or printed name of signer

Filing Fee: \$25.00