

L 17000207862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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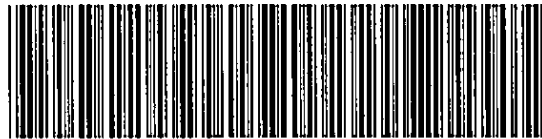
(Business Entity Name)

(Document Number)

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9/25/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Affinity Home Care 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:

Terry Baker
Name of Person
Affinity Home Care Services LLC
Firm/Company
12567 Spring Hill Dr
Address
Spring Hill FL, 34609
City/State and Zip Code
AffinityHCSS@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
MAR 21 2011
TALLAHASSEE, FL

For further information concerning this matter, please call:

Terry Baker
Name of Person at (352) 444-0848
Area Code 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**

Affinity Home Care 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 10/09/2017 and assigned Florida document number 117000207862.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12567 Spring Hill Dr

Spring Hill FL, 34609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12567 Spring Hill Dr

Spring Hill FL, 34609

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:

12567 Spring Hill Dr

Enter Florida street address

Spring Hill

Florida

34609

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Marshay Thaxton	4142 Mariner BLVD	<input type="checkbox"/> Add
		#154	<input checked="" type="checkbox"/> Remove
		Spring Hill, FL 34609	<input type="checkbox"/> Change
MGR	Terry Baker	12567 Spring Hill Dr	<input checked="" type="checkbox"/> Add
		Spring Hill FL, 34609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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