

L170000230295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

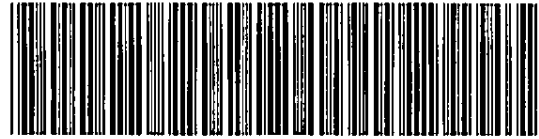
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2021 NOV -3 PM 4:28

Amend

NOV 08 2021  
1 ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Faithful Companion 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:

Jeanne Robert  
Name of Person

Faithful Companion Care, LLC  
Firm/Company

5274 Skylark CT  
Address

Cape Coral FL 33904  
City/State and Zip Code

jeanne.e.gorman@col.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeanne Robert at (239) 887-2023  
Name of Person 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



2021 NOV -8 AM 11:54

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2021

JEANNE ROBERT  
5274 SKYLARK CT  
CAPE CORAL, FL 33904

SUBJECT: FAITHFUL COMPANION CARE, LLC  
Ref. Number: L17000230295

We have received your document for FAITHFUL COMPANION CARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

You submitted a blank form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist III

Letter Number: 921A00025956



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2021

JEANNE ROBERT  
5274 SKYLARK CT  
CAPE CORAL, FL 33904

SUBJECT: FAITHFUL COMPANION CARE, LLC  
Ref. Number: L17000230295

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Upon receipt of your correspondence no check or document was received. The fee to file an amendment is \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist III

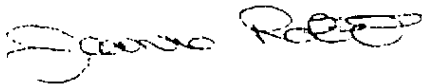
Letter Number: 221A00024652

October 16, 2021

To Whom It May Concern,

Enclosed is my check of \$25.00 to file an amendment of my last name to Robert on my LLC Faithful Companion Care, LLC. Letter number 221A00024652. My daytime phone number is (239) 887-2023. My address is 5274 Skylark Court. Cape Coral, Fl. 33904. If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeanne Robert", written in a cursive style.

Jeanne Robert

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

Faithful Companion 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 11-7-2017 and assigned Florida document number L17000230295

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

Jeanne Robert

New Registered Office Address:

Enter Florida street address

City

Florida

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.*

Jeanne Robert  
If Changing Registered Agent, Signature of New Registered Agent



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

N/A

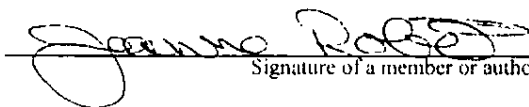
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 November 1, 2021



Signature of a member or authorized representative of a member

Jeanne Robert

Typed or printed name of signee

Filing Fee: \$25.00