

L17000236493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

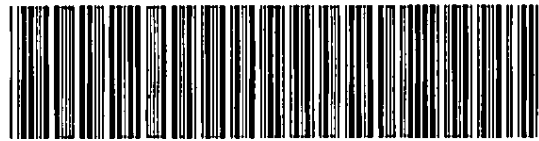
(Business Entity Name)

(Document Number)

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2021 JUN 25 AM 7:51
TALLAHASSEE, FL

D BRUCE
JUL 19 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CNA HOMECARE NETWORK, 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:

YANETY RAMIREZ GOMEZ

Name of Person

CNA HOMECARE NETWORK, LLC

Firm/Company

5021 CORONADO PARKWAY APT D

Address

NAPLES, FL 34116

City/State and Zip Code

CNAHOMECARENETWORK@OUTLOOK.COM

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

For further information concerning this matter, please call:

YANETY RAMIREZ GOMEZ

Name of Person

239
at ()

Area Code

3843606

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

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2021 JUN 25 AM 7:51

6-27

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

CNA HOMECARE NETWORK, 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 1/15/2017 and assigned
Florida document number L17000236493.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5021 CORONADO PARKWAY APT D

NAPLES, FL 34116

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:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAYLE D DUARTE	2373 55TH TER SW APT A	<input type="checkbox"/> Add
		NAPLES, FL 34116	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
p	YANETY RAMIREZ GOMEZ	5021 CORONADO PARKWAY APT D	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34116	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	YANETY RAMIREZ GOMEZ	5021 CORONA PARKWAY APT D	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34116	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TELEPHONE

2021 JUL 25 AM 7:51
FALL 2021

2001 JUL 25 AM 7:51

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.

Leone

YANETY RAMIREZ GOMEZ.

Typed or printed name of signee

Filing Fee: \$25.00