

L18000005207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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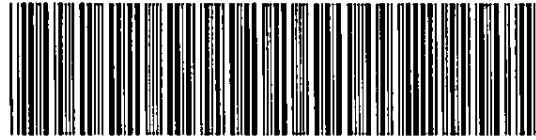
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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FEB 08 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GRACE OF GOD RESIDENTIAL HOME CARE/TRUCKING COMPANY L.L.C  
\_\_\_\_\_  
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:

Virginia Bourdeau

\_\_\_\_\_  
Name of Person

Grace of God Residential Home Care/ Trucking Company L.L.C

\_\_\_\_\_  
Firm/Company

561 SE 3rd Ter Pompano Beach, FL 33060

\_\_\_\_\_  
Address

Pompano Beach, FL 33060

\_\_\_\_\_  
City/State and Zip Code

vbourdeau62@gmail.com

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

For further information concerning this matter, please call:

Virginia Bourdeau

954 793 1443

at ( )

\_\_\_\_\_  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

GRACE OF GOD RESIDENTIAL HOME CARE L.L.C

(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 1/9/2018 and assigned  
Florida document number L18000005207.

This amendment is submitted to amend the following:

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

GRACE OF GOD RESIDENTIAL HOME CARE/ TRUCKING COMPANY L.L.C

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:

561 SE 3rd Ter Pompano FL. 33060

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

561 se 3rd Ter Pompano FL. 33060

(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:

Virginia Bourdeau

New Registered Office Address:

561 Se 3rd Ter

Enter Florida street address

Pompano Beach

City

Florida 33060

Zip Code

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**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	Virginia Bourdeau	561 Se 3rd Ter Pompano Beach FL.	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Leonarda N. Pierre	561 Se 3rd Ter Pompano Beach FL.	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: 02/01/2018 (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 February 1 2018

Signature of a member or authorized representative

Virginia Bourdeau

Virginia Bourdeau  
(Typed or printed name of signer)

Typed or printed name of signee

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