

L18000027377

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(Address)

(Address)

(City/State/Zip/Phone #)

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2023 JAN 10 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2023 JAN 10 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FL

g 1/10/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Envision In-Home Companion 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:

Lula M. Norden-Hill
Name of Person

Innovative HomeCare, LLC.
Firm/Company

1209 Kellogg Drive
Address

Tavares FL 32778
City/State and Zip Code

EnvisionLLCpartner@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Lula M. Norden-Hill at (352) 272-1431
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

2023 JAN 10 PM 12:36

Envision In-Home Companion Services, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/30/2018 and assigned Florida document number L18000027377.

This amendment is submitted to amend the following:

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

Innovative HomeCare, 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)

1309 Kellogg Drive
TAVARES, FL 32778

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1309 Kellogg Drive
TAVARES, FL 32778

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:

Lula M. Molder-Hill

New Registered Office Address:

1309 Kellogg Drive

Enter Florida street address

TAVARES City, Florida 32778 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.

Lula M. Molder-Hill
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	Lula M. Nolder Hill	1209 Kellogg Drive	<input checked="" type="checkbox"/> Add
		Tavares, FL 32728	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lula M. Nolder Hill	1209 Kellogg Drive	<input checked="" type="checkbox"/> Add
		Tavares, FL 32728	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Add Tax ID # 35-2549534

E. Effective date, if other than the date of filing: 01/10/2023 (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 January 10, 2023.

Lula M. Molder-Hill

Signature of a member or authorized representative of a member

Lula M. Molder-Hill

Typed or printed name of signer