

L180000 55973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

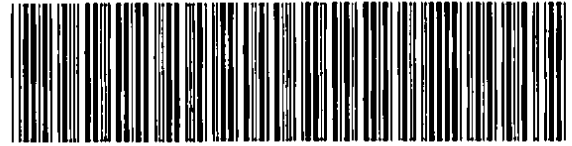
(Business Entity Name)

(Document Number)

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2019 JUL 23 AM 8:47
NOT RECORDED

Y SULKER

JUL 30 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2019

SONYA WILLIAMS LLC
841 PRUDENTIAL DRIVE SUITE 1200
JACKSONVILLE, FL 32207-1083

SUBJECT: SONYA WILLIAMS LLC
Ref. Number: L18000055973

We have received your document for SONYA WILLIAMS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Your document is being returned as requested.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 919A00015002

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sonya Williams 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:

Sonya Williams
Name of Person

Sonya Williams LLC
Firm/Company

4797 Playschool Drive
Address

Jacksonville, Florida 32210
City/State and Zip Code

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

For further information concerning this matter, please call:

Sonya Williams at (904) 200-6721
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

SONYA WILLIAMS 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 03-02-2018 and assigned Florida document number L18000055973.

This amendment is submitted to amend the following:

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

NORTH FLORIDA 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)

841 PRUDENTIAL DR, SUITE 1200
JACKSONVILLE, FL 32207-1083

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

as same as principle
2018 JUL 2
AM 8:47

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:

SONYA WILLIAMS

New Registered Office Address:

841 PRUDENTIAL DR, SUITE 1200

Enter Florida street address

JACKSONVILLE

City

Florida 32207-1083

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.

Sonya Williams

If Changing Registered Agent, Signature of New Registered Agent

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

[illegible]

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 JULY 25, 2019

Johya Williams
Signature of a member or authorized representative of a member

SONYA WILLIAMS
Typed or printed name of signee