

LIB000060815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

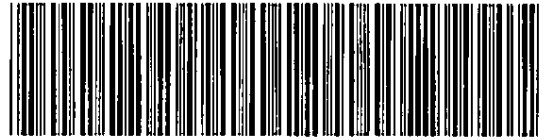
(Business Entity Name)

(Document Number)

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20 JAN -6 PM 1:00

FEB 04 2020  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Safe Haven Home Healthcare Services LLC  
Name of Limited Liability Company

RECEIVED  
DIVISION OF CORPORATIONS  
20 JAN -6 PM 1:30

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Renee R Jordan/ Theogene  
Name of Person

03/07/2018  
Firm/Company

2281 Oshkosh CT  
Address

Orlando FL 32818  
City/State and Zip Code

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

For further information concerning this matter, please call:

Renee R Jordan at (407 ) -866-5644 (407 ) 866-5644  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Safe Haven Home Healthcare Services 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 03/07/2018 and assigned  
Florida document number L18000060815.

This amendment is submitted to amend the following:

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

Safe Haven Homecare Services 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: (Principal office address MUST BE A STREET ADDRESS)

2281 Oshkosh CT

Orlando FL 32818

Enter new mailing address, if applicable:

(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:

Rence R Jordan

New Registered Office Address:

2281 Oshkosh CT

*Enter Florida street address*

Orlando, Florida 32818

*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 =	Leona Theogene	3631 Amgos ST Orlando FL 32808	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR =	Helena Cuyler	5930 Park Hamilton BLVD 94 Orlando FL 32808	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add

\_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change

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

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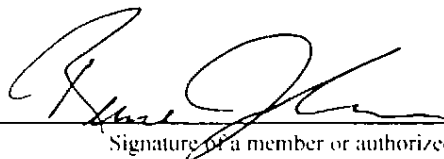
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_  
(optional)

(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: \_\_\_\_\_



\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Renee R Jordan

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**