

L180000 70643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

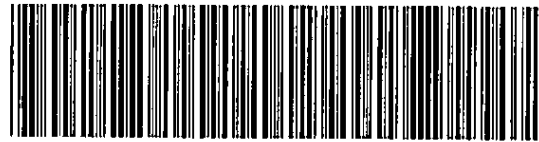
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/12/19--01005--024 **25.00

LLC
Amend

FILED
2019 FEB 12 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FL

FEB 16 2019

D CONNELL

Date: February 7, 2019

From: Nancy Care Service, LLC
P.O. Box 3215
N. Fort Myers, FL ~~34206~~ ³³⁹⁰³

To: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Management Designation and Ownership Percentage.

Copy: Ana M. Santisteban
2975 S.W. 129 Avenue
Miami, FL 33175

To whom it may concern:

Attached you shall find the Articles of Amendment to Articles of Organization of Nancy Care Service, LLC; making Ana M. Santisteban 70% Owner of Nancy Care Service and designation the daily management of Nancy Care Service to her. Enclosed you shall also find a Money Order made payable to Florida Department of State in the amount of \$25 to cover the cost of Filing Fee.

OATH: I HEREBY DECLARE under penalty of perjury that the foregoing is true and correct pursuant to Section 92.525, Florida Statutes.

/s/ 

Nancy M. Martinez

Owner of Nancy Care Service, LLC.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nancy Care Service 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:

Nancy M. Martinez
Name of Person

Nancy Care Service LLC
Firm/Company

P.O. Box 3215
Address

N. Fort Myers FL 33903
City/State and Zip Code

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

For further information concerning this matter, please call:

Nancy M. Martinez at (863) 266-3561
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Nancy Care Service 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 03/19/18 and assigned
Florida document number L18000070643.

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)

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2019 FEB 12 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FL

3. 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

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 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

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	Ana M. Santisteban	2975 S.W. 129 Ave, Miami, FL 33175	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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"/> Remove
			<input type="checkbox"/> Change

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

Ana M. Santisteban that resides at 2975
S.W. 129 Avenue, Miami FL 33175 and her
telephone number is 305-795-4375, is
being designated 70% ownership of Nancy
Care Service LLC. Ana M. Santisteban will
manage Nancy Care Service from the date
of submission of this document to the
Florida Department of State Registration
Section, Division of Corporations, P.O. Box
6327, Tallahassee, FL 32314


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.

he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.

Dated February 7, 2019.



Signature of a member or authorized representative of a member

Nancy M. Martinez

Typed or printed name of signee