

LI8000102643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

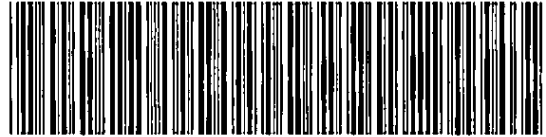
(Business Entity Name)

(Document Number)

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2018 NOV 19 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Amend/Name
chg

DEC 01 2018

I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOME HEALTHCARE SOLUTIONS OF SOUTH FLORIDA, 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:

ANA RIVERA

Name of Person

MITCHELL J HOWARD CPA PA

Firm/Company

3800 S OCEAN DR SUITE 228

Address

HOLLYWOOD, FL 33019

City/State and Zip Code

inusthaveitall@me.com

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

For further information concerning this matter, please call:

ANA RIVERA

954

454-1119

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**

HOME HEALTHCARE SOLUTIONS OF SOUTH FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2018 NOV 19 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/24/2018 and assigned
Florida document number L18000102643.

This amendment is submitted to amend the following:

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

Home Care Solutions of South Florida 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)

2598 E SUNRISE BLVD

SUITE #2104

FORT LAUDERDALE, FL 33304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2598 E SUNRISE BLVD

SUITE #2104

FORT LAUDERDALE, FL 33304

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:

New Registered Office Address:

Enter Florida street address

Florida

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 | RAFAEL MATIAS | 21236 HARBOR WAY UNIT 274 | <input type="checkbox"/> Add |
| | | AVENTURA, FL 33180 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| CFO | RAFAEL MATIAS | 21236 HARBOR WAY UNIT 274 | <input checked="" type="checkbox"/> Add |
| | | AVENTURA, FL 33180 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| P | RAFAEL MATIAS | 21236 HARBOR WAY UNIT 274 | <input checked="" type="checkbox"/> Add |
| | | AVENTURA, FL 33180 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AR | IRA LAUTER | 950 SKOKIE BLVD SUITE 310 | <input type="checkbox"/> Add |
| | | NORTHBROOK, IL, IL 60062 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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(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)

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.

11/15/2018

Signature of a member or a

Signature of a member or authorized representative of a member



Typed or printed name of signee