L18000102695

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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September 12, 2024

ISLANDE JEAN-PHILIPPE 2236 NE 41ST AVE HOMESTEAD, FL 33033

SUBJECT: ESSA HOME HEALTHCARE LLC

Ref. Number: L18000102695

We have received your document for ESSA HOME HEALTHCARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6000.

Letter Number: 024A00020510

RUSSELL L HUNT Regulatory Specialist III

COVER LETTER

		() III · · · •	
SUBJECT:		e Healthcare LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Islande Jean-Philipp	oe
		Name of Person	
		Firm/Company	
	2236	6 NE 41st Ave, Home	estead
		Address	
		FL 33033 City/State and Zip Code	
	F-mail address: t	Akassia06@gmail.co	om
For further information c	oncerning this matter, please c		,
Islande Je	an-Philippe	at (<u>305</u>)	414-9427
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
Mailing Addres	is:	Street Ado	dress:
Registration Section		Registrat	tion Section
Division of Corporations			of Corporations
P.O. Box 6327			tre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Essa Home Healthcare L	LC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited Liability Company were filed o	n04/24/2018	and assigned
Florida document numberL18000102695		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compar	ny here:	
Essa Home Care LLC		
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		: -
Enter new mailing address, if applicable:		<u>- </u>
(Mailing address MAY BE A POST OFFICE BOX)		.3
		:
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	our records, <u>enter the name</u>	of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	r 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>	Type of Action
			□Add
			□Remove
			☐ Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			_Add
			□Remove

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amenus	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
an effective lote: If th	late, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the record is filed.
ated	August 28 2024
-	Signature of a member or authorized representative of a member
	ISLANDE JEAN-PHILIPPE Typed or printed name of signee

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