

L18000 107911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

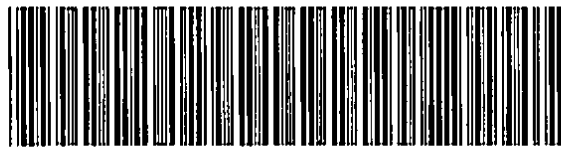
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2019 APR 22 PM 1:48  
FILED  
TALPACERKHOSE/FLJL/66

2019 APR 22 PM 1:48

FILED

APR 30 2019

T. LEMIEUX

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ministering Angels of Compassion  
Name of Limited Liability Company

Home Health CARE LLC  
SERVICES

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

Please return all correspondence concerning this matter to the following: for  
\* Ministering Angels of Compassion HOME  
Health CARE SERVICES LLC

Dinah LeCount  
Name of Person

Ministering Angels of Compassion  
Firm/Company  
Home Health CARE LLC  
SERVICES

8206 Loch Lomond Lane  
Address

JAX FL 32244  
City/State and Zip Code

LeCount dinah@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dinah LeCount at ( 904 ) 534-9754  
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

my correct NAME  
\* NAME change is for  
Ministering Angels of Compassion HOME  
Health CARE SERVICES LLC  
THANK YOU

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

Minister Angels of Compassion **FILED**  
(Name of the Limited Liability Company as it now appears on our records.)

Home Health CARE LLC  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/13/2018 and assigned  
Florida document number 218000107911

2018 APR 22 1:48  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

→ Ministering Angels of Compassion Home Health CARE LLC  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

\* ministering

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8206 Loch Lomond Lane  
JAX, FLA 32244

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:

Dinah LeCourt

New Registered Office Address:

8206 Loch Lomond Lane

Enter Florida street address

Jacksonville, Florida 32244  
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.

Dinah LeCourt  
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 add or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Owner	Dinah LePount	8206 Loch Lomond Lane	<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
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			<input type="checkbox"/> Change

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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)

**Filing Fee: \$25.00**