

48000110092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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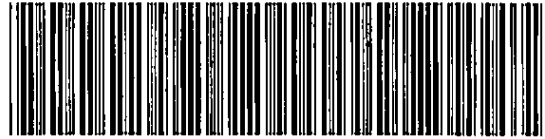
(Business Entity Name)

(Document Number)

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05/29/18--01004--021 \*\*25.00

18 MAY 29 2018 49

J. LEGGETT  
MAY 29 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CUMMINGS HOME HEALTH CARE, 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:

TERENCE MATTHEWS, ESQ.

Name of Person

TERENCE MATTHEWS, CHARTERED

Firm/Company

5190 26<sup>TH</sup> STREET WEST, SUITE D

Address

BRADENTON, FLORIDA 34207

City/State and Zip Code

TMLAW.OFFICE@VERIZON.NET

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

For further information concerning this matter, please call:

TERENCE MATTHEWS, ESQ. at (941) 753-8483

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**

**CUMMINGS HOME HEALTH CARE, 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 05/02/2018 and assigned Florida document number L18000110092.

This amendment is submitted to amend the following:

**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)**

18 MAY 29 AM 12:49  
CORP. SEC. DIV.  
TALLAHASSEE, FLORIDA

**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 modified in writing of this change.*

**X**

**If Changing Registered Agent, Signature of New Registered Agent**

**C. 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>
<input checked="" type="checkbox"/> MGR <input checked="" type="checkbox"/> AMBR	Aquitane Asset Management, LLC	5400 34 <sup>th</sup> Street West 4-F Bradenton, FL 34210	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<input checked="" type="checkbox"/> MGR <input checked="" type="checkbox"/> AMBR	Robert F. Lucas	5400 34 <sup>th</sup> Street West 4-F Bradenton, FL 34210	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

**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 the 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 90<sup>th</sup> day after the record is filed.

Dated May 24, 2018.

**X** Sarah Cummings

Signature of a member or an authorized representative of a member

SARAH LYNN CUMMINGS

Typed or printed name of signee

Filing Fee: \$25.00

18 MAY 29 AM 12:49  
NOTED  
18 MAY 29 AM 12:49