

L18000112392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

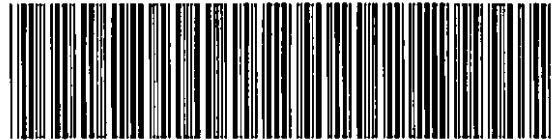
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Group 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:

Ricardo Sharpe

Name of Person

Firm/Company

7525 Turtle View Drive

Address

Ruskin FL 33573

City/State and Zip Code

ricksharpe75@gmail.com

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

For further information concerning this matter, please call:

Ricardo Sharpe

813

774-2930

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2021

RICARDO SHARPE
7525 TURTLE VIEW DRIVE
RUSKIN, FL 33573

SUBJECT: FLORIDA GROUP CARE LLC
Ref. Number: L18000112392

We have received your document for FLORIDA GROUP CARE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPNY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 021A00003291

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

FILED 10-13-18
FRI 5:41

Florida Group 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 05/04/2018 and assigned
Florida document number L18000112392.

This amendment is submitted to amend the following:

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

Majestic Pro Services 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)

6421 N Florida Ave STE D

Unit # 228

Tampa FL 33604

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6421 N Florida Ave STE D

Unit # 228 Tampa FL 33604

Tampa FL 33604

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:

Ricardo Sharpe

New Registered Office Address:

6421 N Florida Ave Ste D Unit # 228

Enter Florida street address

Tampa FL

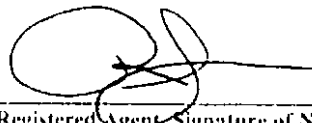
City

Florida 33604

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	Rosa Sharpe	6421 N Florida Ave Ste D Unit # 228 Tampa FL 33604	☐ Add
			☐ Remove
			☒ Change
MGR	Ricardo Sharpe	6421 N Florida Ave Ste D Unit # 228 Tampa FL 33604	☐ Add
			☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

(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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00