## 118000132574

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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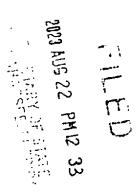
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LLC Amend

08/22/23--01020--019 \*\*25.00



A. RAMSEY SEP 1 3 2023

## **COVER LETTER**

1#

10: Registration Se Division of Cor				
Home Care	Partners of Florida, LLC			
SUBJECT:				
	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Steven Imparato			
		Name of Person		
	Home Care Partners of Flo	orida, LLC		
		Firm/Company	<del></del>	
	370 Camino Gardens Blvc	i., Ste. 114		
	<del></del>	Address		
	Boca Raton, FL 33432			
	admin@hcpflorida.com	City/State and Zip Code		
		to be used for future annual report not	Continu	
		•	tication)	
	oncerning this matter, please c			
Steven Imparato		561 289-1588		
Name of Person		at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
	<del>-</del>	Figgs oo tillige to a c	E sza az men en	
■ \$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 tadditional copy is enclosed)	
Mailing Addres		Street Address:		
Registration S		Registration Sec		
Division of Corporations		Division of Corporations		

P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 AUG 22 PM 12 33

Home Care Partners of Florida, LI	PER LITARY OF STATE			
(Name of the Lim	ted Liability Compa (A Florida Limited l	iny as it now appears on o Liability Company)	ur records.) A TARY OF STATE	
The Articles of Organization for this Limited L Florida document number L18000132574	iability Company			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	370 Camino Gardens	Blvd., Ste. 114	
(Principal office address MUST BE A STREE		Boca Raton, FL 33432		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or agent and/or the new registered office address.	registered office :		2	
Name of New Registered Agent:	370 Camino Gr	ardens Blvd., Ste. 114		
New Registered Office Address:		Enter Florida str	eet address	
			, Florida 33432 Zip Code	
		Cuy	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg	er and complete	performance of my d	uties, and I am familiar with and	

heing 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>	Address	Type of Action
AMBR	Steven Imparato	370 Camino Gardens Blvd., Ste. 114	□Add
		Boca Raton, FL 33432	
		<del></del>	□Remove
			<b>≡</b> Change
AMBR	Stacey Suche	370 Camino Gardens Blvd., Ste. 114	
	· · · · · · · · · · · · · · · · · · ·	Boca Raton, FL 33432	⊔Add
			Remove
			□Add
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	ock does not meet the a	ippiicable statutor	y filing requirements	i, this date will not be	o 605,0207 (3 a listed as the
he record specifies a delayed effective ord is filed.	e date, but not an effec	tive time, at 12:01	a.m. on the earlier of	f: (b) The 90th day	after the
August 16 Dated	2023	<del></del>			
	9				
	Signature of a member of	rauthorized represen	ntative of a member	-4	_

Filing Fee: \$25.00