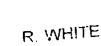
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SANDY HOME HEALTH AIDE, LLC.				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	Sandra Carrion De Leon			
		Name of Person		
		Firm/Company		
	9948 PINEY POINT CIR.			
	ORLANDO, FL 32825	Address		
	carrionsandra1208@gmail.c			
For further information	E-mail address: (concerning this matter, please ca	to be used for future annual report notifi all:	cation)	
SANDRA DE LEON		352 615-0926 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)	
Regis Divis	LING ADDRESS: tration Section ion of Corporations Box 6327	STREET/COURI Registration Section Division of Corpora Clitton Building	1	

Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SANDY HOME HEALTH AIDE, LLC.

2019 JERT 14 AM 11: 37

(<u>tvante of the Edinfeet</u>	A Florida Limited Liability Company)	3 on our records.)	•
			, <u>,</u>
The Articles of Organization for this Limited Lia	bility Company were filed on $\frac{08}{2}$	/27/2018	and assigned
Florida document number 1.18000205002	 '		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company he	e <u>re</u> :	
Sandy Companion Care, LLC			
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the d	esignation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
		-	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
		-	
B. If amending the registered agent and/o	r registered office address on	our records enter	r the name of the
registered agent and/or the new registered offi		our records, enter	the name of the
Name of New Registered Agent:	Sandra Carrion De Leon		
N D CA 1/APC A 13			
New Registered Office Address:	Enter Flor	ida street address	
	13.11.7	THE STATE OF LIGHT COD	
		Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> DE LEON, SANDRA C	Address	Type of Action
AMBR			
		9948 PINEY POINT CIR. ORLANDO, FL 32825	■ Remove
			Change
AMBR	Carrion De Loen, Sandra	9948 PINEY POINT CIR. ORLANDO, FL 32825	Add
			□ Remove
			Change
			Remove
			Change
			
			□ Remove
			□ Change
			□ Remove
			□ Change
			П Remove
			Change

	requesting for my name is to be changed and the company name. The reason is that the person who help
	helped me do the Articles of incorporation didn't know that I have two last name. Carrion is not my
	middle name but it was entered in as C for the inital name. My first name is Sandra and
	both of my last names are Carrion and De Leon, respectively.
,	
	(continual)
(If an ef <u>Note:</u>	(optional) Rective 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)(I fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	06/12/2019
	Signature of a member or authorized representative of a member
	Sandra Carrion De Leon
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

Amendment

Final Audit Report

2019-06-12

Created:

2019-06-12

By:

Jonathan Alvarez (jonathan@taxcareinc.com)

Status:

Signed

Transaction ID:

CBJCHBCAABAA47TpM0Cmd4cq80DSihZYKvdDV6P1mNiZ

"Amendment" History

Document created by Jonathan Alvarez (jonathan@taxcareinc.com) 2019-06-12 - 7:41:25 PM GMT- IP address: 71.41.124.194

Document emailed to Sandra Carrion De Leon (carrionsandra1208@gmail.com) for signature 2019-06-12 - 7:42:39 PM GMT

Email viewed by Sandra Carrion De Leon (carrionsandra1208@gmail.com) 2019-06-12 - 7;43;45 PM GMT- IP address; 66,249,80,34

Signed document emailed to Sandra Carrion De Leon (carrionsandra1208@gmail.com) and Jonathan Alvarez (jonathan@taxcareinc.com)

2019-06-12 - 7:47:24 PM GMT