

L18000268651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

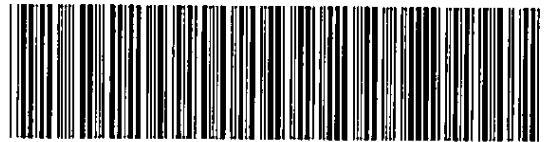
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

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300385221133

03/08/22--01021--003 **7.50

04/15/22--01019--017 **52.50

2022-03-08 PM 3:07

9/12/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Solutions 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:

LASNER JEAN CHARLES
Name of Person

Solutions Home Health Care LLC
Firm/Company

4100 Corporate Sq Suite #105
Address

NAPLES, FL 34104
City/State and Zip Code

SolutionsH.H4@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LASNER JEAN CHARLES at (239) 228-2509 Ext 2060
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

August 3, 2022

AUG 18 2022

LASNER JEAN CHARLES
4100 CORPORATE SQUARE
SUITE #105
NAPLES, FL 34104

SUBJECT: SOLUTIONS HOME HEALTH CARE LLC
Ref. Number: L18000268651

We have received your document for SOLUTIONS HOME HEALTH CARE LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$7.50.

The document must be signed by a member or an authorized representative of a member.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 422A00017383



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 JUL 25 PM 12:54

July 5, 2022

JEAN VILLA SAINT FLEUR
5635 RATTLESNAKE HAMMOCK ROAD #203
NAPLES, FL 34113

SUBJECT: SOLUTIONS HOME HEALTH CARE LLC
Ref. Number: L18000268651

We have received your document for SOLUTIONS HOME HEALTH CARE LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability. 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.

Claretha Golden
Regulatory Specialist II

Letter Number: 722A00015034



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JUN 24 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FL

June 11, 2022

JEAN VILLA SAINT FLEUR ***2ND MAILING***
5635 RATTLESNAKE HAMMOCK ROAD #203
NAPLES, FL 34113

SUBJECT: SOLUTIONS HOME HEALTH CARE LLC
Ref. Number: L18000268651

We have received your document for SOLUTIONS HOME HEALTH CARE LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 422A00011627



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 JUN -7 PM 12:11

SEC. OF STATE
TALLAHASSEE, FL

May 21, 2022

JEAN VILLA SAINT FLEUR
4100 CORPORATE SQUARE
SUITE 105
NAPLES, FL 34104

SUBJECT: SOLUTIONS HOME HEALTH CARE LLC
Ref. Number: L18000268651

We have received your document for SOLUTIONS HOME HEALTH CARE LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 422A00011627

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Solutions Home Health Care 2022/5/28 11:3:07
(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 11/16/2018 and assigned
Florida document number L18000268651.

This amendment is submitted to amend the following:

A. 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)

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 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>
AMBR	Edmond Darcelin	7715 TARA Circle Apt #201	<input type="checkbox"/> Add
		NAPLES, FL 34104	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Elmuis Renel	2921 Inlet Cove E	<input type="checkbox"/> Add
		NAPLES, FL 34120	<input checked="" 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"/> Remove
			<input type="checkbox"/> 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)

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.

Dated

8/15/2022

Signature of a member or

Signature of a member or authorized representative of a member

Jean V. Saint Fleur

Typed or printed name of signer