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	equestor's Name)	
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	14	_
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<u>.                                      </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	egistration S division of Co			•		
SUBJECT	Always Ho	ere Home Care of Brevard LLC	;			
SUBJECT	·	Name of Lin	nited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please retu	rn all correspo	ondence concerning this matter	to the following:			
		Samone Dukes				
			Name of Person			
		Always Here Home Care	of Brevard LLC			
			Firm/Company			
		1028 Sycamore Drive				
			Address	<del></del>		<u></u>
		Rockledge Fl 32955			ङ	
		samone.dukes@yahoo.com	City/State and Zip Code		71 AON 61	
		E-mail address: (	to be used for future annual report noti-	fication)	P	- 94 - 45 - 5
For further	information c	oncerning this matter, please c	all:		.; .≖	707
Latoya Du	kes		321 288-9511		গ্ৰ	KAY OF STAFE OF CULPORATIONS
_	Name o	f Person	at () Area Code Daytime	e Telephone Number	_	55
Enclosed is	a check for th	ne 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 Fe Certificate of \$ Certified Copy (additional copy is	tatus &	

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 266) Executive Center Circle Tallahassee, FL 32301

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

Always Here Home Care of Brevard LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our reco Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	ompany were filed on 01/14/2019	and assigned
Florida document number L19000015571	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L	JLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
Principal office address MUST BE A STREET ADDR	RESS)	- <del> </del>
		<u></u> <u>1971.</u>
nter new mailing address, if applicable:		ب ين يان
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<u> </u>
		- <del>1</del>
3. If amending the registered agent and/or regis egistered agent and/or the new registered office add		rds, <u>enter the name of the r</u>
Name of New Registered Agent:		
New Registered Office Address:	P . P2 +1	
	Enter Florida street ada	iress
		Florida
	City.	Zip Code

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>	Name	Address	Type of Action
MGR	LATOYA DUKES	1028 SYCAMORE DRIVE ROCKLEDGE, FL 32955	<b>≘</b> Add
			□ Remove
		<u></u>	☐ Change
		·	☐ Remove
			Change
	-		
			□ Remove
			Change
			□ Remove
		<del></del>	Change
<del></del>			Add
			□ Remove
		Change	
		12	
			Remove
			□ Change

E. Effec	tive date, if other than the date of filing:
Note	Tective 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.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 a 90th day after the record is filed.
Date	

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Filing Fee: \$25.00