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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations	;		
SUBJECT:	Antyel Eyes Name of Limit	Home Care	ITC
The enclosed Articles of Amendme	ent and fee(s) are subm	nitted for filing.	
Please return all correspondence co	oncerning this matter to	o the following:	
		Alicia Clair	cius
	Ange	1 Eyes Home C	
		7413 Jessamin Address	Le Dr.
		hakebud, M. City/State and Zip Code	
	E-mail address: (1	19eleyes/10 242	port notification)
For further information concerning	g this matter, please ca	II:	
Alicia Name of Person	Claircius	at (<u>863</u>) Area Code	733 - 5334 Daytime Telephone Number
	ing amount: 0.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION

Aab	rel Eyes Home Care LLC
(Name of the Limited Lia (A Fig.	bility Company as it now appears on our records.) brida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	y Company were filed on <u>January 18, 2019</u> and assigned
This amendment is submitted to amend the following	g:
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 AL	DDRESS) Lakeland, FL 33805
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or re registered agent and/or the new registered office a	
Name of New Registered Agent:	Alivia Claircius 3
New Registered Office Address:	500 Lakeland Hills Blvd., Suite 27
	Enter Florida street address Akeland Hills Blvd., Suife 2 3 3 3 8 5 City Zip Code
New Registered Agent's Signature, if changing Regist	ered 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Alicia Claircius	1500 Lakeland Hills Blud, s	uite 2 Add
		Lakeland, FL 33805	□ Remove
			Change
MGR Max Chircius	Max Chircius	1500 Lakeland Hills Blud, s	Suik2 Add
	Lakeland, FL 33805	□ Remove	
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. Effect (If an eff	ive date, if other than the date of filing: (optional) 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 (3)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docum	ent's effective date on the Department of State's records.
tha ro	cord specifies a delayed offective data but not an effective time, at 12,01 a.m. on the envisor of
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	July 25 . 2019 Claim Claim Signature of a member or authorized representative of a member
	Olicia Clair
	Signature of a member or authorized representative of a member
	Alicia Chircius Typed or printed name of signee
	ryped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00