## L19000020988

(R€	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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T. MATTHEWS JAN 14 2022

## **COVER LETTER**

TO: Registration Sect Division of Corpo		·	
SUBJECT:	Angel Eve	s Home Gare C	<u>'LC</u>
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
	dence concerning this matter		
		Alicia Claircy u	is .
		Name of Person  ANGLE ELES HE  Harm/Company	ome Care LLC
	304 E. H	PINE St Suite /7	14
	h	SKe AND THE 3 City/State and Zip Code  Dange Leves Control to be used for Juture annual report notification.	338
	E-mail address: (	to be used for Juture annual report notif	re . Com
For further information con	ncerning this matter, please ca		
Alicia	Clarraius	at ( <u>\$63)</u> # 9	44-6977
Name of t	rerson	Area Code Prayting	e reteptione Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Sc		Street Address: Registration Sec	etion
Division of Co		Division of Corp	
P.O. Box 6327		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

A.100/ 8100 L	tome Care L22c 111-2 FH 3: 30
(Name of the United Liability Compa	nv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{1/18/2019}{}$ and assigned
Florida document numberL1 90000 20988	ι
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	519 Bartow Rd #1
(Principal office address MUST BE A STREET ADDRESS)	Laheland, 71 33801
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	304 E. Pine Street, Suite 177 Lakeland, # 33801
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new registered</u>
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 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	Alicia Claircius	304 E. Pine St., suite	177 □Add
		204 E. Pine St., suite. Laheland, 71 33801	□Remove
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<u>vie.</u> 11 118	care mseri	er than the control that the date must add in this bloomer on the De	ck does not	meet the ap	pplicable s	c of filing or statutory fil	more than ing requi	90 days a	ptional) offer filing. this date	) Pursuan will not	t to 605,020 be listed a
is filed.		yed effective							(b) Th	e 90th da	ay after the
ted	Decen	iber :		. 2:	<del>7</del>	202	1				
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Filing Fee: \$25.00