

L19000 024 529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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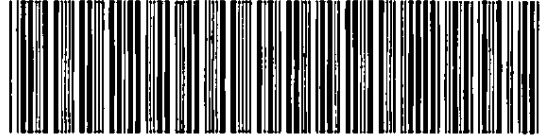
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T SCHROEDER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OUR HEARTS HOME CARE & STAFFING 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:

CHEVELLE R. JORDAN  
Name of Person

OUR HEARTS HOME CARE & STAFFING LLC  
Firm/Company

235 APOLLO BEACH BLVD 182  
Address

APOLLO BEACH, FL 33572  
City/State and Zip Code

CHEVELLE@OURHEARTSHOMECARESTAFFING.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHEVELLE R. JORDAN at (866) 757-5858 EXT 700  
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)

**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

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

OUR HEARTS HOME CARE & STAFFING LLC

(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 01/23/2019 and assigned Florida document number L1900024529.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)**

235 APOLLO BEACH BLVD

#182

APOLLO BEACH, FL 33572

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

235 APOLLO BEACH BLVD

#182

APOLLO BEACH, FL 33572

**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:

CHEVELLE R. JORDAN

New Registered Office Address:

239 CASCADE BEND DRIVE

*Enter Florida street address*

RUSKIN

*City*

Florida

33570

*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.*

*Chevelle Jordan*

**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>
<u>CEO</u>	<u>CHEVELLE R. FLOURNOY</u>	<u>239 CASCADE BEND DR.</u>	<input type="checkbox"/> Add
		<u>RUSKIN, FL 33570</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>CEO</u>	<u>CHEVELLE R. JORDAN</u>	<u>239 CASCADE BEND DR.</u>	<input checked="" type="checkbox"/> Add
		<u>RUSKIN, FL 33570</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>  </u>	<u>  </u>	<u>  </u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I CHEVELLE R. JORDAN IS SUBMITTING THIS  
APPLICATION BECAUSE I GOT MARRIED ON  
MARCH 24<sup>TH</sup> 2019. I AM CHANGING MY  
PERSONAL NAME FROM CHEVELLE R. FLOURNOY  
TO CHEVELLE R. JORDAN. ALL OTHER COMPANY  
INFORMATION WILL REMAIN THE SAME.

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 08/29/2019 (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 08/29/2019 . 2019 .

Chevelle R. Jordan

Signature of a member or authorized representative of a member

CHEVELLE R. JORDAN

Typed or printed name of signee