# h19000040259

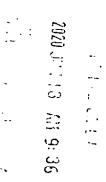
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#### **COVER LETTER**

TO: Registrati Division o	on Section f Corporations
ANG SUBJECT:	ELA RENEE'S HOME CARE LLC
56B5EC1.	Name of Limited Liability Company
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	Darlene Kennard
	Name of Person
	ANGELA RENEE'S HOME CARE LLC
	Firm Company
	15502 Galbi Dr
	Address
	ORLANDO, FL 32828
	City/State and Zip Code
	angelarhomecare@gmail.com
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
Darlene Kennard	847 DC-455-0538
Na	me of Person Area Code Daytime Telephone Number
Enclosed is a check f	or the following amount:
☐ \$25.00 Filing Fe	S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 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

· TO:

Street Address: Registration Section Division of Corporations The Centre of Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### ANGELA RENEE'S HOME CARE LLC

(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L19000040259	y were filed on February 8, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	:	20
		و . ا
Enter new mailing address, if applicable:		Co :
Mailing address MAY BE A POST OFFICE BOX)		主
		— <del>1</del> 9
3. If amending the registered agent and/or registered office a	address on our records, enter the nam	e of the new read
gent and/or the new registered office address here:	ener de dans	e of the new regis
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

Title	Name	<u>Address</u>	Type of Action
MGR	KENNARD, RAYMOND D. SR	15502 GALBI DR ORLANDO, FL 32828	
			■Remove
NCD			Change
MGR ————	KENNARD, RAYMOND	15502 GALBI DR ORLANDO, FL 32828	= Add
			Remove
			□Remove
			Change
<del></del>			□Remove
			TChange
			Z Add
			□Remove
			Change
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ffective date, if other than the an effective date is listed, the date misote: If the date inserted in this becoment's effective date on the line.	ist be specific to block does no	ing: and cannot be p it meet the app	rior to date of fi olicable statute	ing or more than ory filing requir	(optional 90 days after filin ements, this dat	g.) Pursuant to 605.0	)207 ( d as t
record specifies a delayed effecti d is filed.	ve date, but r	not an effectiv	e time, at 12:0	) i a.m. on the e	arlier of: (b) - T	he 90th day after	the
June 12		2020					
	6	 L					

Typed or printed name of signee