

L19000040746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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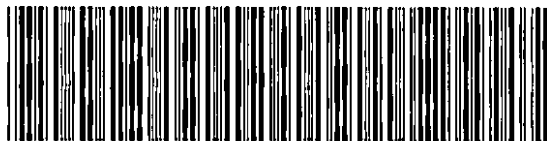
(Business Entity Name)

(Document Number)

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2019 MAR -1 PM 2:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

03/01/19--01011--007 **55.00

RECEIVED
19 MAR -1 PM 1:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

M. MILLIGAN

MAR 01 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Complete Home Care of North FL 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:

Carlos Santibez
Name of Person

Complete Home Care of North FL
Firm/Company

33 Smith Cir #25
Address

Gresham FL 32332
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Santibez at (850) 570-5585
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

FILED
2019 MAR -1 PM 2:00

Complete Home Care of North FL LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/18/19 and assigned
Florida document number C 19000040746.

This amendment is submitted to amend the following:

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alberto Martinez	1170 Spooner Rd	<input type="checkbox"/> Add
		Duney Fl. 32351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Refugio Garcia	1206 5th St	<input type="checkbox"/> Add
		Cairo Ga 39828	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jonathan Garcia	1206 5th St.	<input type="checkbox"/> Add
		Cairo Ga 39828	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated 3/1/19 _____.



Carlos Santoluc

Typed or printed name of signee

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2019 MAR -1 PM 2:00
SECRETARY OF STATE
ALABAMA
TALLAHASSEE, FLORIDA