

L19000051147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

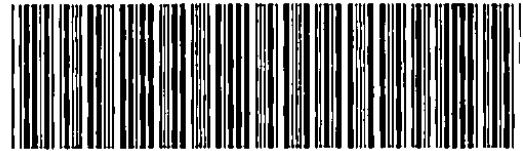
(Business Entity Name)

(Document Number)

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STATE OF  
TALLAHASSEE, FL

JCT 11 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: QUALITY HOME CARE OF SOUTH FLORIDA 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:

HUGO A LARA

Name of Person

QUALITY HOME CARE OF SOUTH FLORIDA LLC

Firm/Company

10420 SW 77TH AVENUE, SUITE 101-A

Address

PINECREST, FLORIDA

City/State and Zip Code

QUALITYHOMECAREOFSOUTHFLORIDA@YAHOO.COM

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

For further information concerning this matter, please call:

HUGO A LARA

305

877-4348

Name of Person

at ( )

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

QUALITY HOME CARE OF SOUTH FLORIDA LLC

The Articles of Organization for this Limited Liability Company were filed on 02/27/2019 and assigned Florida document number 1.19000051147.

**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 LLC.

10420 SW 77TH AVENUE

SUITE 101-A

PINECREST, FLORIDA 33156

6300 SW 89th Court

Miami, Florida 33173

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida  
City

Zip Code

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 be or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of /</u>
AMBR	LARA, HUGO A.	6300 SW 89th Court	<input type="checkbox"/> Add
		Miami, Florida 33173	<input type="checkbox"/> Remo
			<input checked="" type="checkbox"/> Chang
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			<input type="checkbox"/> Change

[illegible]

(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 (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 August 30 2019

Typed or printed name of signee