

L19000058991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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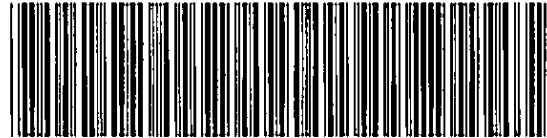
(Business Entity Name)

(Document Number)

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04/01/19--01027--010 \*\*30.00

4/10/19 DS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROCARE HOME HEALTH AGENCY, 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:

Elvis Toussaint , CEO

Name of Person

PROCARE HOME HEALTH AGENCY, LLC

Firm/Company

1271 PEREGRINE WAY

Address

Weston, Florida 33327

City/State and Zip Code

hcameliel9@gmail.com

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

2019 APR - 1 PM 10:30  
CLERK OF COURT, 5th FLOOR  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Elvis Toussaint

954

687-6197

at ( )

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**

PROCARE HOME HEALTH AGENCY, 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 February 28, 2019 and assigned  
Florida document number L19000058991.

This amendment is submitted to amend the following:

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

Amelie Home Care, LLC

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)**

1271 Peregrine way

Weston , Florida 33327

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

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

1271 Peregrine Way

Weston , Florida 33327

**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>
AMBR	Elvis Toussaint	1271 Peregrine Way Weston, Florida 33327	<input checked="" type="checkbox"/> Add
		Germaine Toussaint	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Elvis Toussaint	1271 Peregrine Way Weston, Florida 33327	<input checked="" type="checkbox"/> Add
		Tamara D Toussaint	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change


FILED  
 2012 APR 1 PM 3:30  
 TALLAHASSEE, FLORIDA

FILED  
2019 APR - 1 PM 10:34  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

FILED  
2019 APR - 1 PM 10:38  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

(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.

Dated \_\_\_\_\_

X  Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Elvis Toussaint

Typed or printed name of signee