L19000063004

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200335294602

18/21/19--01048--018 **90.00



COVER LETTER

то:	Registration Sec Division of Corp		-	•		
CUD IF	`	elis Home Management Servic	es LLC.			
SUBJE	CT:	Name of Lim	ited Liability Company			
The encl	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspor	ndence concerning this matter	to the following:			
		Jorge A Quinones				
			Name of Person			
		2785 Amberwood Court	Firm/Company			
		Naples, Florida 34120	Address			
		City/State and Zip Code				
		E-mail address: (to be used for future annual report notification)				
For furth	ner information co	oncerning this matter, please ca		(Carlott)		
	Quinones	·	239 293-2100 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	d is a check for th	e 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

Semper Fidelis Hime Mangement Services 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 and assigned 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 "LEC" or the abbreviation "LEC" 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Patricia A Hilcken-Quinones	2785 Amberwood Court Naples, Florida, 34120	
		 	■ Add
			□ Remove
			Change
			Add
	_		Remove
			Change
			Remove
			☐ Change
			Remove
			Change
		 	
			□ Remove
			Change
			Remove
			Change

. If amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· <u></u>
	
_	
_	
	
_	
(If an effec Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated _	October 17. 2019.
	fula-
	Signature of a member or authorized representative of a member
	TORK A. QUINONES Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00