

L190000 64311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

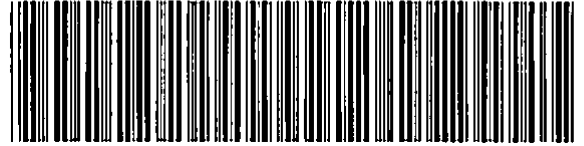
(Business Entity Name)

(Document Number)

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07/25/13--01026--005 \*\*25.00

2013 AUG 29 PM 7:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

AUG 9 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2019

TYTIANA JOHNSON  
6455 ARGYLE FOREST BLVD #901  
JACKSONVILLE, FL 32244

SUBJECT: MIRACLES HOMEHEALTH SERVICES L.L.C.  
Ref. Number: L19000064311

We have received your document for MIRACLES HOMEHEALTH SERVICES L.L.C. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please print the first name of the new LLC name to where it can be read.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 619A00015589

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

MIRACLES HOME HEALTH SERVICES

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

200 JUL 29 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03 assigned  
Florida document number L19000004311.

This amendment is submitted to amend the following:

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

MOTIVATING MIRACLES L.L.C.

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)

6455 ARCYLE FOREST BLVD  
#901 JACKSONVILLE, FL, 32244

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change

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(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Tytrana Johnson

Typed or printed name of signee