

L19000069118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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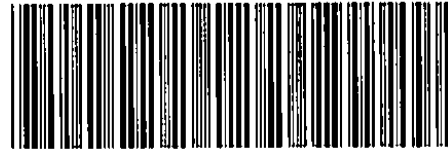
(Business Entity Name)

(Document Number)

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03/15/19-11/11/19

OCT 02 2019

11/11/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEARTS OF REGIS HOME CARE 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:

TERENCE N. THURSON

Name of Person

THURSON ACCOUNTING SERVICES, INC.

Firm/Company

8810 CORPORATE SQUARE CT., SUITE 107

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

TNTRLT1@BELLSOUTH.NET

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

For further information concerning this matter, please call:

TERENCE N. THURSON

904 764-7717

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 Stat
Certified Copy
(additional copy is enc

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**

HEARTS OF REGIS HOME CARE 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 03/11/2019 ;
Florida document number L19000069118.

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

Enter new principal offices address, if applicable:

10632 NORTHWYCK DRIVE

(Principal office address MUST BE A STREET ADDRESS)

JACKSONVILLE, FL 32218

Enter new mailing address, if applicable:

10632 NORTHWYCK DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

JACKSONVILLE, FL 32218

B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:

Name of New Registered Agent:

KEISHA ROBINSON

New Registered Office Address:

10632 NORTHWYCK DRIVE

Enter Florida street address

JACKSONVILLE

City

Florida 32218

Zip

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 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 filing 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	
_____	_____	_____	

_____	_____	_____	

_____	_____	_____	

_____	_____	_____	

_____	_____	_____	

_____	_____	_____	

_____	_____	_____	

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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.) Pursua

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.

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

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

Dated 9-16-19, _____

Krista Robinson
Signature of a member or authorized representative of a member

Keisha Robinson
Typed or printed name of signee