

**L19 000070333**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**200329930552**

05/30/19--01022--001 \*\*30.00

**FILED**  
2019 MAY 30 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

**Y SULKER**

**JUN 17 2019**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Adjuvah Home Health 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:

Erika Carter

Name of Person

Adjuva Home Health LLC

Firm/Company

19046 Bruce B Downs Blvd #61

Address

Tampa, FL 33647

City/State and Zip Code

erika.carter@adjuvahn.com

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

For further information concerning this matter, please call:

Erika Carter

813 995-8803 Ext. 4010

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**

Adjuva Home Health, 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 March 20, 2019 and assigned Florida document number 119000070333.

This amendment is submitted to amend the following:

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

Adjuva Health 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)**

**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*

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         | Erika Carter         |   | <input type="checkbox"/> Add               |
|              |                      | 19046 Bruce B Downs Blvd #61<br>Tampa, FL 33647 | <input checked="" type="checkbox"/> Remove |
|              |                      |   | <input type="checkbox"/> Change            |
| CEO          | Erika Carter         | 19046 Bruce B Downs Blvd #61<br>Tampa, FL 33647 | <input checked="" type="checkbox"/> Add    |
|              |                      |   | <input type="checkbox"/> Remove            |
|              |                      |   | <input type="checkbox"/> Change            |
| AMBR         | Kayla Anderson       |   | <input type="checkbox"/> Add               |
|              |                      | 19046 Bruce B Downs Blvd #61<br>Tampa, FL 33647 | <input checked="" type="checkbox"/> Remove |
|              |                      |   | <input type="checkbox"/> Change            |
| P            | Kayla Anderson       | 19046 Bruce B Downs Blvd #61<br>Tampa, FL 33647 | <input checked="" type="checkbox"/> Add    |
|              |                      |   | <input type="checkbox"/> Remove            |
|              |                      |   | <input type="checkbox"/> Change            |
| AMBR         | Adjuvant Health, Inc | 19046 Bruce B Downs Blvd #61<br>Tampa, FL 33647 | <input checked="" type="checkbox"/> Add    |
|              |                      |   | <input type="checkbox"/> Remove            |
|              |                      |   | <input type="checkbox"/> Change            |
|              | Adjuvant Health, Inc |   | <input type="checkbox"/> Add               |
|              |                      |   | <input type="checkbox"/> Remove            |
|              |                      |   | <input type="checkbox"/> Change            |

FILED  
2029 MAY 20 AM 9:40  
SEAL  
TALLAHASSEE, FL 32302

2019 MAY 30 AM 9:40  
SEONGHUI 47.8894  
FALL 48.1793 1916001

FILED  
2019 MAY 30 AM 9:40  
SECOND DEPT. OF CORRECTIONS  
HALL COUNTY, GA 30050

(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

\_\_\_\_\_  
Typed or printed name of signee