

L19000092418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

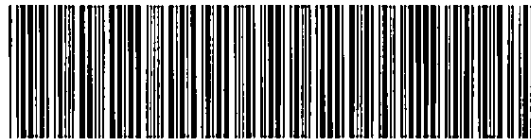
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OFFICE OF COMMERCE
TALLAHASSEE, FLORIDA

2020 OCT 28 PM 3:24

FILED

OCT 28 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2020

FERNANDE CLERIZIER
AMITY HOME CARE SERVICES, LLC
4685 VILLAS SANTORINI DRIVE
LAKE WORTH, FL 33461

SUBJECT: AMITY HOME CARE SERVICES, LLC
Ref. Number: L19000092418

We have received your document for AMITY HOME CARE SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia S Young
Regulatory Specialist II

Letter Number: 120A00020827

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMITY HOME CARE SERVICES, 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:

FERNANDE CLERIZIER

Name of Person

AMITY HOME CARE SERVICES, LLC

Firm/Company

4685 VILLAS SANTORINI DRIVE

Address

LAKE WORTH, FL 33461

City/State and Zip Code

fern5c@hotmail.com

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

For further information concerning this matter, please call:

FERNANDE CLERIZIER

240

678-1144

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

AMITY HOME CARE 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 04/03/2019

Florida document number L19000092418

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

745 US 1 Hwy Suite 301-302
North Palm Beach, FL
33408

Enter new mailing address, if applicable:

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

4685 Villas Santerini dr
Lake worth, FL
33461

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:

Fernande Clerizier / Wesner saint Fleur

New Registered Office Address:

745 US 1 Hwy Suite 301-302

Enter Florida street address

North Palm Beach, Florida 33408

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>
OWNER	CLERIZIER, FERNANDE	4685 VILLAS SANTORINI DRIVE	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL 33461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
OWNER	SAINT FLEUR, WESNER	4685 VILLAS SANTORINI DRIVE	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL 33461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I WOULD LIKE TO CHANGE MY TITLE FROM AR TO OWNER.

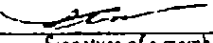
E. Effective date, if other than the date of filing: _____ (optional)

(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.) 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.

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.

Dated AUGUST 31ST 2020



Signature of a member or authorized representative of a member

FERNANDE CLERIZIER

Typed or printed name of signer

Filing Fee: \$25.00