

L19 000 117764

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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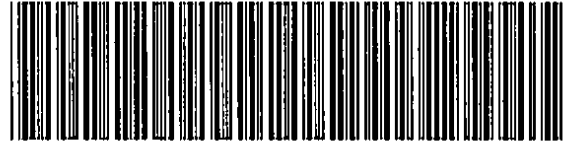
(Business Entity Name)

(Document Number)

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05/23/19--01007--030 **25.00

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19 MAY 23 AM 11:00
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TALLAHASSEE, FLORIDA

O SIMMONS

JUN 08 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A & E ANGELS BEHAVIORIAL HEALTH 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:

ARLENIS M BOMPART

Name of Person

A & E ANGELS BEHAVIORIAL HEALTH SERVICES, LLC

Firm/Company

12360 SW 132ND CT STE 108

Address

MIAMI, FL 33186

City/State and Zip Code

arlenisbompart@hotmail.com

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

For further information concerning this matter, please call:

ARLENIS M BOMPART

305 979-6706

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**

A & E ANGELS BEHAVIORIAL HEALTH 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 04/30/2019 and assigned
Florida document number L19000117764.

This amendment is submitted to amend the following:

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

A & E ANGELS HOME CARE SERVICES, 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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19
MAY 23 AM 11:00
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SECRETARY OF STATE
TOLSON-SEC. RECORDS

9 MAY 23 AM 11:09
DEPT. OF MAIL
ALBUQUERQUE, NEW MEXICO

FILED
9 MAY 23 AM 11:09
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

(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)

Dated 05/18/2019

Typed or printed name of signee