

L19 000 147806

(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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A. BUTLER

JAN 22 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Every Day Living 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:

Stacey Wilcox  
Name of Person

Every Day Living Home Care, LLC  
Firm/Company

1447 NW Wayne Pl Apt 105  
Address

Lake City, FL 32055  
City/State and Zip Code

Staceywilcox90@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacey Wilcox at (386) 905-6857  
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**

Every Day Living 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 June 05, 2019 and assigned  
Florida document number L19000147806.

This amendment is submitted to amend the following:

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

Happy Hearts Home Care, 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)

1447 NW Wayne Pl

Apt 105

Lake City, FL 32055

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1447 NW Wayne Pl

Apt 105

Lake City, FL 32055

**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:

1447 NW Wayne Pl

Enter Florida street address

Lake City

City

Florida

32055

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**

[illegible]

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

Phone NO: 386-965-6857

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 January, 04 . 2022

Stacey Wilcox

Signature of a member or authorized representative of a member

Stacey Wilcox

Typed or printed name of signer

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2021

STACEY WILCOX  
1447 NW WAYNE OL  
APT 105  
LAKE CITY, FL 32055

SUBJECT: EVERYDAY LIVING HOME CARE,LLC  
Ref. Number: L19000147806

We have received your document for EVERYDAY LIVING HOME CARE,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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 521A00030734