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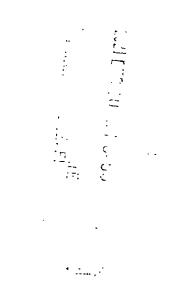
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Every Day Living Namulof 1	Home Care, LLC Jimited Liability Company
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Every Day 1	-Wing Home Care, LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Chacay William Name of Person Every Day Living Home Care, LLC Firm/Company 1447 NN Wayne of Person Lake City, FL 32055 City/State and Zip Code Starey willow and growing address: (to be used for future annual report notification) For further information concerning this matter, please call: Starey Willow Name of Person at (38b) Name of Person Tinclosed is a check for the following amount:	
Lake City.	FL 32055 City/State and Zip Code
For further information concerning this matter, please	e call:
Stacey Willex Name of Person	at (386) 905 - 6857 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
	Certified Copy Certificate of Status & Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 C	Pare, LLC
	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number 1900 47806	were filed on Une 05, 2019 and assigned E
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Happy Hearts Home Care, LLC The new harde must be distinguishable and contain the words "Limited Liabileter Liabileter".	
Enter new principal offices address, if applicable:	1447 NW Wayne PI
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Lake City, FL 32055 1447 NW Wayne PI Apt 105 Lake City, FL 32055
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address:	N Wayne Pl Enter Florida street address
Lake Cit	City , Florida 32055

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>	Address .	Type of Action
			
			□Remove
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Phone	No: 386-965-6857.	
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ffective date, i	f other than the date of filing: (optional)	
an effective date i	f other than the date of filing: (optional) s listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant	to 605.020
ocument's effec	inserted in this block does not meet the applicable statutory filing requirements, this date will not be tive date on the Department of State's records.	be listed a
record specifies	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	u aftar tha
l is filed.	a delayed effective date, out not an effective time, at 12.01 a,m, on the earner of. (0)	y after the
ated Janu	ary, 04. 2022.	
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j	Signature of a member or authorized representative of a member	
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Filing Fee: \$25.00



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.

Letter Number: 521A00030734

Anissa Butler Regulatory Specialist II

www.sunbiz.org