# L19000155927

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JUN **2.9** 2020

## **COVER LETTER**

Div	dision of Corp	porations		
SUBJECT:		or Home HealthCare LLC		
30BJ17C1.		Name of Limi	ted Liability Company	<del></del>
<b>T</b> 1 1	4 A	N		
The enclose	d Afficies of i	Amendment and fee(s) are sub-	mucd for imng.	
Płease returi	n all correspo	Name of Limited Liability Company  es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following:  Helen Katz  Name of Person  United Labor Home HealthCare LLC  Firm/Company  6481 Enclave way  Address  boca raton florioda 33496  City/State and Zip Code  helen5705555@gmail.com  E-mail address: (to be used for future annual report notification)  tion concerning this matter, please call:  at (561)  Area Code  Daytime Telephone Number		
		Helen Katz		
			Name of Person	
			Firm/Company	<u> </u>
		6481 Enclave way		
			Address	<del></del>
		boca raton florioda 33496		
			City/State and Zip Code	<del></del>
		<del>-</del> -		
		E-mail address: (	to be used for future annual report notifi	ication)
For further i	information co	oncerning this matter, please ca	all:	
Helen Katz				
·	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
<b>■</b> \$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)

TO:

Registration Section

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

United Labor Home HealthCare LLC

2020 J. 11 11 9:00

(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 C	Company were filed on $\frac{06/12}{}$	/2019 and assigned	j
Florida document number L19000155927	<u>_</u> .		
This amendment is submitted to amend the following:			j
If amending name, enter the new name of the limited liability company here:  e new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."  Inter new principal offices address, if applicable:  **Inicipal office address MUST BE A STREET ADDRESS**  Inter new mailing address, if applicable:  **Inicipal address MAY BE A POST OFFICE BOX**  If amending the registered agent and/or registered office address on our records, enter the name of the new registered.			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<u>-</u>		
(Principal office address MUST BE A STREET ADDI			
Enter new mailing address, if applicable:			
	<del>-</del>		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:  Name of New Registered Agent:	d office address on our reco	ords, <u>enter the name of the new reg</u>	istered
New Registered Office Address:	Enton Elonido	ı street address	
	Emer r wrau	i sireca anaress	
	Cin	, Florida Zip Code	<del></del> ;
New Registered Agent's Signature, if changing Registere	•	r.p Cine	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	and agree to act in this cap complete performance of my igent as provided for in Cha ed office address, I hereby o	y duties, and I am familiar with an apter 605, F.S. Or, if this documen	d

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
Mgr	John Zanotti	6481 enclave way	□Add
		Bocas Ratton Florida 33496	■Remove
			□Change
Member 1	Helen Katz	6481 Enclave way	<b>≡</b> Add
		Boca Raton Florida 33496	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
		<del></del>	□Add
			□Remove
			□Change

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	re date, if other than the date of filing:
lf an effe <u>Note:</u> I	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
If an effer Note: I docume e record	nt's effective date on the Department of State's records.  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
If an effer Note: I docume e record rd is file	nt's effective date on the Department of State's records.  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
If an effer Note: I docume e record rd is file	nt's effective date on the Department of State's records.  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 d.

Filing Fee: \$25.00