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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

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ero inzer.		D PROPERTIES INVESTME	NTS LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Alex Boytan, CPA		
			Name of Person	<del></del>
		Boytan & Associates		
			Firm/Company	
		800 Cross Pointe Road, St	rite B	
			Address	
		Gahanna, OH 43230		
			City/State and Zip Code	
		Boytan@Boytancpa.com		
		E-mail address: (	to be used for future annual report notifi	ication)
For further	information c	oncerning this matter, please ca	all:	
Alex Boyta	ın, CPA		614 947-0888	
	Name o	l Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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

STANDARD PROPERTIES INV	ited Liability Company as it now appe (A Florida Limited Liability Company	curs on our records.)
•	(A Florida Limited Liability Company	·)
The Articles of Organization for this Limited I	iability Company were filed on _	06/12/2019 and assigned
lorida document number L19000156096	,	
his amendment is submitted to amend the fol	lowing:	
. If amending name, <u>enter the new name</u>	of the limited liability company	here:
ROFESSIONAL HÖME HEALTH SERVICES	, LLC	
he new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
ater new principal offices address, if appli	anhla:	
• •		
Principal office address MUST BE A STRE	<u> </u>	
	<del></del>	- <del>2</del>
nter new mailing address, if applicable:		
<u>lailing address MAY BE A POST OFFICE</u>	<u> </u>	9
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		es · · · ·
. If amending the registered agent and	l/or registered office address	on our records, enter the name of the
gistered agent and/or the new registered of	office address here:	·
Name of New Registered Agent:	Leonid Slivnyak	
New Registered Office Address:	17201 Collins Ave, #3001	
		lorida street address
	Sunny Isles	, Florida <sup>33160</sup> Zip Code
	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>	Address	Type of Action
AMBR	Mariya Manzon	17201 Collins Ave. #3001	<b></b>
		Sumy Isles, FL 33160	_
			☐ Change
MGR	Olga Slivnyak	17201 Collins Ave. #3001	Add
-		Sunny Isles, FL 33160	<b></b>
			☐ Change
AMBR	Leonid Slivnyak	17201 Collins Ave, #3001	<b>™</b> Add
		Sunny Isles, Ft. 33160	☐ Remove
	<u></u>	☐ Change	
AMBR	Anna Krupovlyanskaya	30 N. Drexel Ave.	
		Bexley, OH 43209	
			□ Add
			☐ Remove
			☐ Change
			□ Add
		11 All Control of the	□ Remove
			□ Change

		<u> </u>
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		·
(If an effective date is listed, the date it	ne date of filing:	Pursuant to 605 0207 c ill not be fisted as th
the record specifies a delay ) The 90th day after the re	ed effective date, but not an effective time, at 12:01 a.m. or ecord is filed.	n the earlier of:
Dated	2019	
<del> </del>	Signature of a member or authorized representative of a member	
1 1 0 1		
Leonid Slivnyak	Typed or printed name of signee	

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Filing Fee: \$25.00