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(Address)

(Address)

(City/State/Zip/Phone #)

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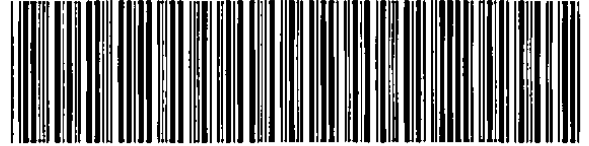
(Business Entity Name)

(Document Number)

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JUL 18 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: United Caregiver L.L.C
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:

Sophonie Louis - Jeune
Name of Person

United Caregiver LLC
Firm/Company

6739 Alta Westgate Drive Apt 4208
Address

Orlando FL 32818
City/State and Zip Code

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

For further information concerning this matter, please call:

Sophonie Louis Jeune at (631) 290 - 9222
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

United Caregiver 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 14, 2019 and assigned
Florida document number L19000157937.

This amendment is submitted to amend the following:

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

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)

6739 Alta Westgate Dr
Apt 4208 Orlando FL
32818

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6739 Alta Westgate Dr
Apt 4208 Orlando FL
32818

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

Sophie Louis Neune

New Registered Office Address:

6739 Alta Westgate Dr
Orlando, Florida 32818
Enter Florida street address
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 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

2019 JUL -9 AM 11:44
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14 12 13

2019 JUL - 9 AM 11:12

July 10 2019

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.

Dated 07-02-2019

Sophie Louise Teune
Typed or printed name of signee