

L19000 167 855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

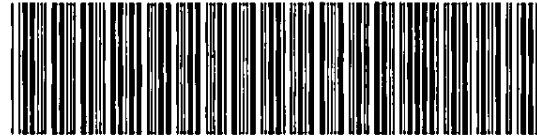
(Business Entity Name)

(Document Number)

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STATE OF MISSISSIPPI
TALMON, MISSISSIPPI

SULKER

SEP 12 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Celia Home Care and Services, 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:

Celia Alonso
Name of Person

Celia Home Care and Services, LLC
Firm/Company

5702 W 25th Ct
Address

Hialeah, FL-33016
City/State and Zip Code

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

For further information concerning this matter, please call:

Celia Alonso at (305) 772 3427
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Celia Home Care and Services, 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 26, 2019 and assigned Florida document number L19000167855.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5702 West 25th CT

(Principal office address MUST BE A STREET ADDRESS)

Hialeah, FL 33016

Enter new mailing address, if applicable:

5702 West 25th CT

(Mailing address MAY BE A POST OFFICE BOX)

Hialeah, FL 33016

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:

Celia Alonso

New Registered Office Address:

5702 West 25th CT

Enter Florida street address

Hialeah

Florida 33016

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Celia Alfonso	5702 W 25th Ct	<input type="checkbox"/> Add
		Hialeah, FL-33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Celia Alonso	5702 W 25th Ct	<input checked="" type="checkbox"/> Add
		Hialeah, FL-33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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