

L19000193566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
MAIL ROOMS/CLERK

2020 MAR 16 AM 8:10

FILED

MAR 31 2020

S. YOUNG

March 13, 2020

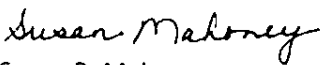
Care Connections At Home
6151 Lake Osprey Drive, Suite 300, Office #318
Sarasota, Florida 34240

To Whom It May Concern:

Please see attached form and enclosed check for \$25 to amend the Articles of Organization of a Florida Limited Liability Company.

If you have questions, please contact me at (585) 755-9927

Sincerely,


Susan R. Mahoney

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Care Connections At Home 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:

Susan R. Mahoney

Name of Person

Care Connections At Home LLC

Firm/Company

6151 Lake Osprey Drive Suite 300; Office 318

Address

Sarasota, FL 34240

City/State and Zip Code

susan@careconnectionsathome.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan R. Mahoney

Name of Person

at (585) 755-9927

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**

Care Connections At Home LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 MAR 16 AM 8:11
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/29/2019 and assigned Florida document number L19000193566.

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:

6151 Lake Osprey Drive Suite 300; Ofc. 318
Sarasota, FL 34240

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

6151 Lake Osprey Drive Suite 300
Sarasota, FL 34240

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated March 13th, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee