

L19000 193566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

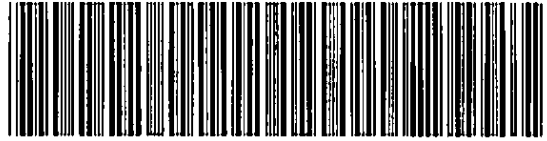
(Business Entity Name)

(Document Number)

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JUN 8 2020

2020 JUN -8 PM 2:37

Amend

JUN 24 2020

ALBRIGHTON

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:

GREGORY P. MAHONEY

Name of Person

CARE CONNECTIONS AT HOME

Firm/Company

6151 LAKE OSPREY DRIVE, THIRD FLOOR

Address

SARASOTA, FL. 34240

City/State and Zip Code

gregory.mahoney@gmail.com

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

For further information concerning this matter, please call:

GREG MAHONEY

941 313-4918
at ()

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 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**

CARE CONNECTIONS AT HOME 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 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 DR

(Principal office address MUST BE A STREET ADDRESS)

STE 318A-B

SARASOTA, FL 34240

Enter new mailing address, if applicable:

6151 LAKE OSPREY DR

(Mailing address MAY BE A POST OFFICE BOX)

THIRD FLOOR

SARASOTA, FL 34240

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:

GREG MAHONEY

New Registered Office Address:

6151 LAKE OSPREY DR STE 318A-B

Enter Florida street address

SARASOTA

City

Florida 34240

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

EACH MANAGER IS AN OWNER AND EACH HAS 50% OWNERSHIP

[illegible]

(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 JUNE 5, 2020

Susan Mahoney Signature

Signature of a member or authorized representative of a member

SUSAN MAHONEY

Typed or printed name of signee