## L19000194693

Office Use Only



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Name Change

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## **COVER LETTER**

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** 

ro:

	G CHARLEE HOMECARE,	LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	LAKEISHA LAWRENCE			
		Name of Person		
		Firm/Company	<del></del>	
	10145 SW 171ST ST			
		Address		
	MIAMI, FL 33157			
		City/State and Zip Code	, , ,1	
	keisha@beeloved.info			
	E-mail address: (	to be used for future annual report notificat	ion)	<u>.</u> 12
For further information c	oncerning this matter, please c	all:	  •-	
LAKEISHA LAWRENC	E	305 7803429 at ()	<u></u>	2000
Name o	f Person	Area Code Daytime Te	lephone Number	
Enclosed is a check for the	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 Addres Registration S	Section	Street Address: Registration Section		
Division of C	огрогацонѕ	Division of Corpor	ations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(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 \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_L19000194693 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BEELOVED HOMECARE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 9833 E HIBISCUS ST Enter new principal offices address, if applicable: #571093 (Principal office address MUST BE A STREET ADDRESS) MIAMI, FL 33257 9833 E HIBISCUS ST Enter new mailing address, if applicable: #571093 (Mailing address MAY BE A POST OFFICE BOX) MIAMI, FL 33257 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:

## New Registered Agent's Signature, if changing Registered Agent:

CHARMING CHARLEE HOMECARE, LLC

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.

City

Enter Florida street address

, Florida \_

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
			□Add
			□ Remove
			□ Change
			□Add
			Remove
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Effective date, if other the fan effective date is listed, the Note: If the date inserted in locument's effective date of the factorial date of the factor	n this block does no	ot meet the applica	to date of filing or mo able statutory filing	(option re than 90 days after fil requirements, this d	al) ing.) Pursuant to 605.0207 ate will not be listed as
record specifies a delayed d is filed.	effective date, but	not an effective ti	me, at 12:01 a.m. of	n the earlier of: (b)	The 90th day after the
OCTOBER 1ST		2020			
1-+			•		
Dated Palling	ha Jawen		orized representative o		

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