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(Requ	estor's Name)	
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## **COVER LETTER**

Div	ision of Cor	porations		
eno in zer	Naples Bay	Home care LLC		
SUBJECT		Name of Limite	ed Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return	i ali correspo	indence concerning this matter to	) the following.	
		Kevin Sullivan	•.	<b>-</b>
			Name of Person	<del></del>
		Naples Bay Home care LLC	•	
			Firm/Company	
		601 St Andrews Blvd		
			Address	
		Naples, FL 34113		
			City/State and Zip Code	
		kevins1971@hotmail.com		<del></del>
			be used for future annual report notif	ication)
For further i	nformation c	concerning this matter, please cal	11:	
Kevin Sulli	van	239 682-5059		
	Name c	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is	a check for t	he following amount:		
	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	E3 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

**Registration Section** 

TO:

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

Naples Bay Home Care LLC				
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records Liability Company)	<u>.</u> )		
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000205501</u>	were filed on 08/12/2019	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	8821 Tamiami Trail East	<u> </u>		
Principal office address MUST BE A STREET ADDRESS)	must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  principal offices address, if applicable:  ### Maples, FL 34113  ### Maples A POST OFFICE BOX)  ### Inding the registered agent and/or registered office address on our records, enter the name of the new			
		- 10 To		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
	<del></del>	>>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:				
	, F10	orida		
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, ar	id I am familiar with and		

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being ad or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			Remove
			Change
			SAN SAN T
			SSC DRemove SSC DRemove SSC DRemove
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9/09/2019  Effective date, if other than the date of filing:  fan effective date is listed, the date must be specific and cannot be prior to Note:  If the date inserted in this block does not meet the applicated document's effective date on the Department of State's records.	o date of filing or mor	e than 90 days after fili	mg.) Pursua	int to 60 it be list	5.02/ ted a
ne record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective tir	ne, at 12:01 a.n	n. on the	e earli	ier
Dated Sept ember 9 2019	_ ·				
Kerin Lilling Signature of a member or author				<del>_</del>	
Signature of a monther or author	rized representative of	f a member			

Page 3 of 3

Filing Fee: \$25.00