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## **COVER LETTER**

TO:

**Registration Section** 

Division of Corp	porations	4	
SUBJECT:	Na los Bay	Home Care LL	<u>C</u>
	y Name of Lines	ned Daority Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	k	Name of Person	- · · · · · · · · · · · · · · · · · · ·
	Noples	Boy Home Car	
		1 Taniemi tr) 1	Fil 2: 59
	<u></u>	City/State and Zip Code  S bay homecare to be used for future annual report not	13
	E-mail addless: (1	to be used for future annual report not	Outlook. Com
For further information co	oncerning this matter, please ca		
Name of		at (239) 43 2 Area Code Daytin	- 5059 ne Telephone Number
Enclosed is a check for the	e 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 So	
Division of C P.O. Box 632	•	Division of Co The Centre of	
Tallahassee, I	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Nacles Bay	Home Case	LLC	
(Name of the Limited Liability Compan	y as it now appears on our	records.)	
(A Pionga Lamited La	annity Company)	1 .27	
The Articles of Organization for this Limited Liability Company v	mending name, enter the new name of the limited liability company here:  manne must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  new principal offices address, if applicable:  pal office address MUST BE A STREET ADDRESS)  the mailing address, if applicable:  g address MAY BE A POST OFFICE BOX)  mending the registered agent and/or registered office address on our records, enter the name of the new registered address here:  Name of New Registered Agent:  New Registered Office Address:    Florida		
Florida document number	Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  Liability Company were filed on		
This amendment is submitted to amend the following:	(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  ganization for this Limited Liability Company were filed on		
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation	on "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		1-2	
(Principal office address MUST BE A STREET ADDRESS)		~>	
		2	
Enter now mailing address if applicables		2:	
•		1 0	
(Mailing address MAY BE A POST OFFICE BOX)			
R. If amanding the registered agent and/or registered office w	ddross an aur recards	enter the name of the new registere	
agent and/or the new registered office address here:	ddiess on our records	the name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	et address	
	PRINCE FINE INC. IMMERCAN		
<del></del>	Circ	, Florida	
Now Desiremed Asset?s Competing if shoughing Desiremed Assets	Sily.	1191 Same	
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>	Name	Address	Type of Action
Mar	Jane Cex	88/3 tanjani. 21	E □Add
)		8813 tanipani. 2/1 Naples , FZ 34113	Remove
			□Change
Mar	Dorita Woitsok	OOI St Andrews 1 Ngks FL 34/13	Xdd
)		Ngks FL 34/13	□Remove
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ffective date, if other than the date of filing:	(optional)	
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 6	
ote: If the date inserted in this block does not meet the applicable statutory filing requirem ocument's effective date on the Department of State's records.	nents, this date will not be l	isted a
ocument's effective date on the Department of State's records.		
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier.	lier of: (b) The 90th day a	Her ine
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area $\varphi(U)$ .	<b>.</b>	•
Nem Signature of a member or authorized representative of a memb	2) 2) 	
Signature of a member or authorized representative of a memb	er	
Typed or printed name of signee		