

L19000 206 T15

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

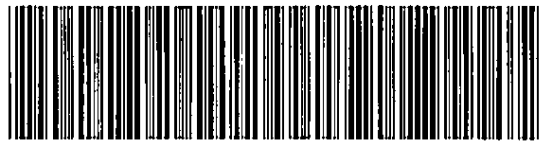
(Business Entity Name)

(Document Number)

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19 SEP 30 PM 8:14
CLERK OF SUPERIOR COURT
JULIA A. HARRIS, CLERK

OCT 17 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Epiphany Caregiving Services 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:

Shirley Temple
Name of Person

Epiphany Caregiving Services LLC
Firm/Company

P.O. Box 1649
Address

Brandon, FL 33509
City/State and Zip Code

LA 10129@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shirley Temple at (813) 952-6865
Name of Person 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 ORGANIZATION
OF

Epiphany Caregiving Services LLC

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

FILED

19 SEP 30 PM 8:14

The Articles of Organization for this Limited Liability Company were filed on August 14, 2019 and assigned
Florida document number L19000206775.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A
City

Florida

N/A
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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lara Temple	1505 Spitz Court	<input type="checkbox"/> Add
		Brandon, FL 33511	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Leroy Ferguson	1505 Spitz Court	<input type="checkbox"/> Add
		Brandon, FL 33509	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shirley Temple	1505 Spitz Court	<input checked="" type="checkbox"/> Add
		Brandon, FL 33509	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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