L19000 207303

(Re	questor's Name)	
(Ad	dress)	· · - · - · - · · · · · · · · · · · · ·
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100333962751

03/11/19-+01005-+007 **25.00

TILE U

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lori Home Health Care 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:
Chanrowtie Royd Name of Person
LURI Home Health Care LLC
821 aldenham Lane
Ormond Beach FL 32174 City/State and Zip Code
COUNTERM 14 OF 49.L. CON E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chanrowtie Royd at (604) 462-0080 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lori Home + Come + Come (Name of the Limited Liability (A Florid	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on August 12, 2019 and assigned august 66, 2014 (effective)
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C." RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, enter the name of the new
Name of New Registered Agent:	Richard J Roud
New Registered Office Address: Collact Spelling Opp	Enter Florida street address mond Beach, Florida 32174 City 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

Registered agent address was spelled
In co rectly
Richard Roud CORRectin 821 ALDENHAM Lane Sociling Ormand Beach, FL 32174
attached is another Sheet which I e mail forth consoction of collect spelling of
the addresses. but I undertand I have
to Change (connect Registers agent by maje and for a fee (oxinal)
E. Effective date, if other than the date of filing: (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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.
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.
DatedSept 5 . 2019.
Signature of a member or authorized representative of a member
Chanrowtk Royal Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00