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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EXPO HOME CONVERSIONS, 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:

Ashley Ramos-Rivera

\_\_\_\_\_  
Name of Person

Near Me Home Care, LLC

\_\_\_\_\_  
Firm/Company

595 W Church St. Apt 826

\_\_\_\_\_  
Address

Orlando, FL 32805

\_\_\_\_\_  
City/State and Zip Code

jnaboogie@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Ashley Ramos-Rivera

646 266-3986

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

EXPO HOME CONVERSIONS, LLC

(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 SEPTEMBER 23, 2019 and assigned  
Florida document number L19000239490.

This amendment is submitted to amend the following:

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

NEAR ME HOME CARE, LLC

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:**

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

595 W. CHURCH ST. APT 826

ORLANDO, FL 32805

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

595 W. CHURCH ST. APT 826

ORLANDO, FL 32805

**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: ASHLEY RAMOS-RIVERA

New Registered Office Address: 595 W. CHURCH ST. APT 826

*Enter Florida street address*

ORLANDO

*City*

Florida 32805

*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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	THE ARJV TRUST	1065 SW 8TH ST #1579	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ASHLEY RAMOS-RIVERA	595 W. CHURCH ST APT 826	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32805	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRET  
TALLAHASSEE, FL  
JUN 30 2024  
11:30 AM  
STATE

ALL INFORMATION CONTAINED  
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DATE 07-30-2024 BY [REDACTED]

2025 JUL 30 PM 11:54  
SECRETARY OF DEFENSE  
ALL INFORMATION CONTAINED  
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DATE 07-25-2025 BY 60322  
U.S. DEPARTMENT OF DEFENSE  
OFFICE OF THE SECRETARY  
WASHINGTON, D.C. 20301-6000

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated APRIL 09 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee