

L19000276058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

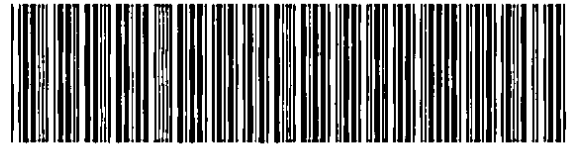
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 21 2020

CLERK OF COURT
TALLAHASSEE, FL

2020 DEC -8 AM 10:59

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DEC 08 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2020

JASON DANIELS
9228 THUNDERBOLT DR.
JACKSONVILLE, FL 32221

SUBJECT: SYLVIA PERSONAL SUPPORT & HOME CARE LLC
Ref. Number: L19000276058

We have received your document for SYLVIA PERSONAL SUPPORT & HOME CARE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 420A00017387

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sylvia Personal Support Homecare 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:

Jason C Daniels
Name of Person

Sylvia Personal Support Homecare LLC
Firm/Company

9228 Thunderbolt dr
Address

Jacksonville FL 32221
City/State and Zip Code

Daniels Jason35@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Daniels at (904) 365-0485
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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 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**

Sylvia Personal Support Home Care 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 November 05 and assigned
Florida document number L19000276058 2019

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

<u>N/A</u>	
<small>Enter Florida street address</small>	
_____, Florida	
<small>City</small>	<small>Zip Code</small>

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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>
CEO	Jason Daniels	9228 Thunderbolt dr	<input checked="" type="checkbox"/> Add
		Jacksonville FL	<input type="checkbox"/> Remove
		32221	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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10:08 AM

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

N/A

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2020 DEC -8 AM 11:00
STATE OF FLORIDA
TALLAHASSEE, FL

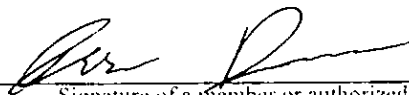
E. Effective date, if other than the date of filing: _____ (optional)

(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 (3)(b)

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.

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.

Dated 11-1-2020



Signature of a member or authorized representative of a member

Jason Danelli

Typed or printed name of signee