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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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COVER LETTER

TO:

Registration Section
Division of Corporations

EUD IEÆT.	In Good Co	mpany Homemaker/Companic	on Services LLC	205
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	·
Please return	all correspo	ndence concerning this matter	to the following:	
		Jayreza J. Jarvis		
			Name of Person	<u> </u>
		In Good Company Homen	naker/Companion Services L	LC
	In Good Company Homemaker/Companion Services LLC Firm/Company 230 E 1st Street Address Jacksonville, FL 32206 City/State and Zip Code jayreza.jarvis@yahoo.com E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: at (
		230 E 1st Street		
			Address	
		Jacksonville, FL 32206		
			City/State and Zip Code	
		E-mail address: (to be used for future annual rep	ort notification)
For further is	nformation co	oncerning this matter, please ca	all:	
Јаутеzа Ј. Ја	rvis			056
-	Name of	f Person		Daytime Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 I	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Re Div P.C	gistration S vision of C D. Box 632	Section orporations 7	Registration Division of The Central Price	on Section f Corporations e of Tallahassee Ionroe Street, Suite 810

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

JKGANIZATION		
)F	5, 2019 and assigned	
LLC		
	records.)	
Liability Company)		
y were filed on November	5, 2019 and assigned	
	٠,	
bility company here:		
ility Company," the designation	on "LLC" or the abbreviation "L.L.C."	
N/A		
N/A		
address on our records,	enter the name of the new registered	
Enter Florida street address		
	, Florida	
City	Zip Code	
<u>:</u>		
	LLC any as it now appears on our Liability Company) were filed on November bility company here: ility Company," the designation N/A N/A N/A And N/A Enter Florida street	

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>	Address	Type of Action
		N/A	□Add
		_	□Remove
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			Change
			Add
			□Remove
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:
ne record ord is fil	d 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 ed.
Dated _.	Signature of a number or authorized representative of a member
	XCUY-N-X 20N- +PD 25 2020
	Signature of a member or authorized representative of a member