

L19000301150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
2022 APR -6 AM 10:29
SHERBORNE, CT
JULY 14 2022

Amend/ Name Change

MAY - 4 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAVID STAR HOME 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:

Stephanie Leng

Name of Person

DAVID STAR HOME CARE LLC

Firm/Company

1500 WESTON ROAD SUITE 200-2

Address

WESTON FL 33326

City/State and Zip Code

info@davidstarhomecare.com

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

For further information concerning this matter, please call:

Stephanie Leng

813
at ()

817 8309

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 Address:

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

2022 APR -6 AM 10:29

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 APR -6 PM 12:06

STATE
FL

March 16, 2022

STEPHANIE LENG
DAVID STAR HOME CARE LLC
1500 WESTON ROAD SUITE 200-2
WESTON, FL 33326

SUBJECT: DAVID STAR HOME CARE LLC
Ref. Number: L19000301150

We have received your document for DAVID STAR HOME CARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 922A00006238

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

DAVID STAR 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 12/10/2019

Florida document number L19000301150

This amendment is submitted to amend the following:

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

Davidshield 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)

1500 WESTON ROAD

SUITE 200-2

WESTON FL 33326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1500 WESTON ROAD

SUITE 200-2

WESTON FL 33326

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:

1500 WESTON ROAD SUITE 200-2

Enter Florida street address

WESTON

City

. Florida 33326

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

[illegible]

[illegible]

(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)

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 _____,

[Signature]

Stephanie Leng

Typed or printed name of signee