

L19000303187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

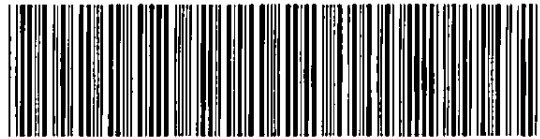
(Document Number)

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2024 OCT -3 AM 5:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Excellence in Home Health Services 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:

Ivonne A. Encarnacion

Name of Person

Excellence in Home Health Services LLC.

Firm/Company

2701 W Busch Blvd. Suite 155

Address

Tampa FL 33618.

City/State and Zip Code

iencarnacion1128@gmail.com

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

For further information concerning this matter, please call:

Ivonne A. Encarnacion

Name of Person

at ( 813 )

Area Code

417-1120

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**

*Excellence in Home Health Services 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 12/5/2019 and assigned Florida document number 84-4032908.

This amendment is submitted to amend the following:

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

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:

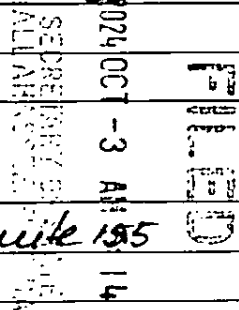
(Principal office address MUST BE A STREET ADDRESS)

2701 W Busch Blvd. Suite 155  
Tampa FL. 33618.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2701 W Busch Blvd. Suite 155  
Tampa FL. 33618.



**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:

Ivonne A. Encarnacion

New Registered Office Address:

2701 W Busch Blvd suite 155.

Enter Florida street address

Tampa FL

City

Florida

33618

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.*

*Ivonne A. Encarnacion*


If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

**Type of Action**

403 N. Hubert Ave apt 301  
Tampa FL 33609

 Remove

☐ Add☐ Change☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

[illegible]

10/1/24

**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

10/1/24

Nome A Encarnação

Signature of a member or authorized representative of a member

Дуоанг А. Захарович

Typed or printed name of signer