# L200002344

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# **COVER LETTER**

Registration Section

TO:

SUBJECT:	CARE FACILITY LLC #2  Name of Lin	nited Liability Company	
	THE OF EATH	med cauting company	
The enclosed Articles of A	emendment and fee(s) are sub	omitted for filing.	
	idence concerning this matter	<del>-</del>	
ricase return an correspon	dence concerning this matter	to the following.	
	MARTINE JEAN-PAUL		
		Name of Person	
		Firm/Company	,
	1434 BRIAN WAY		
		Address	<u> </u>
	WEST PALM BEACH, F.	L 33417	
		City/State and Zip Code	
	ABCHOMECAREFACILE	<del>-</del>	···
		to be used for future annual report not	ification)
For further information co	ncerning this matter, please c	all:	
MARTINE JEAN-PAUL		561 317-4752	
Name of	Person	at ()	ne 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:		Street Address:	
Registration Section Division of Corporations		Registration Sc	
P.O. Box 6327	-	Division of Co The Centre of	-
Tallahassee, Fl			pe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABC HOME CARE FACILITY LLC #2		
( <u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on ou mited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L2000002388</u> .	npany were filed on 43	0173 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
ABC HOME CARE FACILITY LLC 2		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		•
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		•
		<del></del>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records	, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	P., Pl	a. 11
	Enter Florida stree	A dadress
	City	, Florida Zip Code
	City	хір Слас

#### 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>	Address	Type of Action
			□Remove
			□ Change
			□Add
			Change
			□Remove
			[] Change
			□ Add
			□Remove
			□ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□ Chana

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A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
ABC HOME CARE FACILITY LLC 2		
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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)		
P. If amounting the project and a second decomposition of the second sec		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	agress on our records, enter the n	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
Now Registered Office Address.	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I a rovided for in Chapter 605, F.S. (	m familiar with and Or, if this document is

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
	·	<del></del>	□Add
			□Remove
			Change
			□Add
			□Remove
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			Change
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			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			[] Change

Effective date, if other than the date of filing:  (optional)  (france of the content of the con	. If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:  (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 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.  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 cord is filed.  Dated	_	
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Markine TearPaul		
Signature of a member or authorized representative of a member  Martine Tean-Paul	Dated _	11/1 , 2023
Martine Jean-Paul		Signature of a member or authorized representative of a member
		Martine Jean-Paul

Filing Fee: \$25.00