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S. YOUNG

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: DTES	tome Heullhoo	are Agency LLC	
The enclosed Articles of Ar	mendment and fec(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Gea	Gia Brown Name of Person	
	BTESHome	Heythcare Agenc	y LLC
	3092 SM	1 129th Terrace	
	Miram acorgi aba	City/State and Zip Code City/State and Zip Code City/State and Zip Code Oun 170@gmail. Com o be used for future. Innual report notifi) cation)
For further information con	cerning this matter, please ca		
Gevigia B	(COO)	at (754) 214-6 Area Code Daytime	139 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)
No.115 A J.J		Struct Address	

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

BT&S Home Health	ncare A-gency L	LC	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears or our ted Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L2_COOON 22 8</u>	any were filed on TCINUC	ry 6th, 2020 and assign	ned
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 I	iability Company," the designatio	n "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		020 .	
(Principal office address MUST BE A STREET ADDRESS	3)	유명의 2 유명의 2	11
1 The part office water city in Cost 200 120 120 120 120 120 120 120 120 120	<u> </u>	ASS SSS	
		ease A	
Enter new mailing address, if applicable:		: 3.00 H	U
(Mailing address MAY BE A POST OFFICE BOX)		- 5	
mutang dauress mat the ATOST OFFICE BOX			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records,	enter the name of the new i	registere
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida street	address	
	· · · · · · · · · · · · · · · · · · ·	, Florida	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

'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
AR_	Checleane Sinchir	3092 SW 129th Temo Miramar, Fl 33027	γ ^{(Q} □Add
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`an effect vote: If	e date, if other than the date of filing:	5.0207 ted as
record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after it.	er the
 ated <u>- </u>	Jonuary 27, 2020	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	