

L2 0000015122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

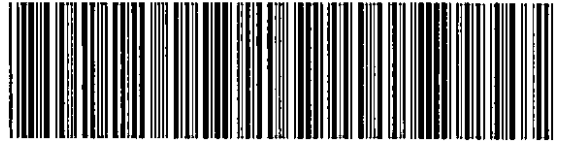
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAY 13 PM 2:38

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JUL 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Genmar's 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:

Maria V. Santaella
Name of Person

[Signature] Genmar's Home Care LLC
Firm/Company

4784 Hickory Stream Lane
Address

Mulberry FL 33860
City/State and Zip Code

genmarshomecare@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria V. Santaella at (813) 679-9469
Name of Person Area Code 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

Genmar's Home Care LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2020 01 08 13 PM 2:31

The Articles of Organization for this Limited Liability Company were filed on 01 | 08 | 2020 and assigned Florida document number L 20000015122

This amendment is submitted to amend the following:

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

~~Genmar's 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)

4784 Hickory Stream Lane
Mulberry FL 33860

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4784 Hickory Stream Lane
Mulberry FL 33860

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:

Maria V. Santaeilla

New Registered Office Address:

4784 Hickory Stream Lane

Enter Florida street address

Mulberry

City

, Florida

33860

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|--------------------------|--|
| MGR | Juan A. Santaella | 4784 Hickory Stream Lane | <input type="checkbox"/> Add |
| | | Mulberry Fl 33860 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Just please remove Juan A. Santaella
from my registration in Sunbiz. Thanks.

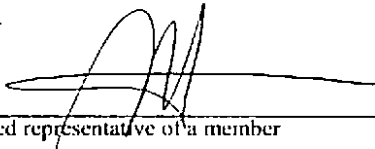
E. Effective date, if other than the date of filing: 5/12/2020 (optional)

(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)

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.

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 MAY 12 2020



Signature of a member or authorized representative of a member

Maria Virgen Santaella

Typed or printed name of signee