# LZC OCOOBOZZ4

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100341695721

03/09/20--01022--028 \*\*25.00

FILED

SECRETARY OF STATE

SECRETARY OF STATE

FILED

brund

MAR 2 4 2020

D CUSHING

#### **COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJE	Blue Hana (	Care LLC			
	<del>-, -</del>	Name of Lim	ited Liability Company		
The enci	losed Anicles of	Amendment and fee(s) are sub	unitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Carmen M Fernandez De t	Navarro		
		Name of Person			
			Firm/Company		
		ot C			
			Address		
		Homestead, Florida 33033			
			City/State and Zip Code		
		judy.jade@icloud.com	to be used for future annual report notification)		
For furth	ner information co	oncerning this matter, please c	·		
Carmon	Fernandez		786 506-2543	<b>F</b> 5	~ ;- ( <u>&gt;</u>
	Name of	f Person	Area Code Daytime Telephone Number	.;	1 11
Enclose	d is a check for th	ne following amount:		. )	
■ \$25	.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  S60,00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	44.7	ON THE STATE OF

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

Blue Hana Care LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on January 24th, 2020	and assigned)
orida document number L20000030224		43
his amendment is submitted to amend the following:		му. •Э
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the r</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del> </del>	, Florida	1 Zip Code
	City	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>	Type of Action
MGR	Judith Navarro	28251 SW 124th Place	□Add
		Apt C	■Remove
		Homestead, Florida 33033	
MGR	Paul Sandoval	28251 SW 124th Place	
		Apt C	■Remove
		Homestcad, Florida 33033	□ Change
MGR	Carmen M Fernandez De Navarro	14315 Tabebuia Lane	■Add
		Miami Lakes, Florida 33014	□Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□ Add
			Remove
			Change
	<del></del>		□Add
			Remove
			□Change

## Page 2 of 3

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
<del>-</del>	
_	
_	
_	
_	
_	
_	
_	
(If an effective Note: I	ctive 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 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that is effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	February 10th, 2020.
	Carmen M Fernandez de Mavarro Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member