

L20 0000 33297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

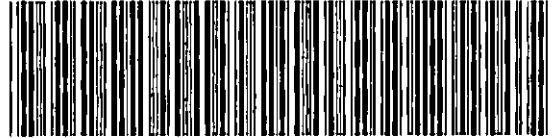
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700356805977

12/28/20--01031--007 \*\*35.00

FILED  
2021 FEB 22 PM 5:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

*Amund*

D CUCHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OPTIMAL FAMILY 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:

EGIANTE S. NOEL  
Name of Person

N/A  
Firm/Company

2001 North Federal Hwy # 219  
Address

Pompano Beach, FL 33062  
City/State and Zip Code

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

For further information concerning this matter, please call:

EGlante Noel at (561) 901-3779  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 FEB 22 PM 5:12

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2021

EGLANTE S. NOEL  
2001 NORTH FEDERAL HWY #219  
POMPANO BEACH, FL 33062

SUBJECT: OPTIMAL FAMILY CARE, LLC  
Ref. Number: L20000033297

We have received your document for OPTIMAL FAMILY CARE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 121A00002915

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

OPTIMAL FAMILY CARE, LLC

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

**FILED**  
2021 FEB 22 PM 5:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/27/2020 and assigned  
Florida document number LZ0000033297

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: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(Mailing address MAY BE A POST OFFICE BOX)

**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:

EGIANTE NOEL

New Registered Office Address:

11419 West PALMETTO Park Rd #970032

Enter Florida street address

Boca Raton

City

Florida

33497

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.*

Egiant S. Noel

If Changing Registered Agent, Signature of New Registered Agent

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

**AMBR = Authorized Member**

[illegible]

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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

02/15/2021

Signature of a member of a

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**