120000048399

(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:				





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06/01/20--01029--026 **25.00

THE PHILL

Amend

JUN 18 2020 I ALBRITTON

COVER LETTER

Registration Section Division of Corporations

):

n trær.	Yvonne's G	eriatric Care, LLC	,		
BJECT:	Name of Lim	ited Liability Company			
e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
ease return all correspo	ndence concerning this matter	to the following:			
	Alexander DuRose				
		Name of Person			
	Yvonne'S Geriatric Care. I	.l.C			
		Firm/Company	•		
	4065 Kirk Lane				
		Address			
	La	ke Worth FL 33460			
		City/State and Zip Code			
		rose@aldurose.com to be used for future annual report notifi	cation)		
r further information c	oncerning this matter, please ca	·	······,		
exander DuRose		954 292-5578 at ()			
Name o	f Person		Telephone Number		
closed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

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11:
<u>register</u>

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

|GR = Manager MBR = Authorized Member

<u>itle</u>	Name	Address	Type of Action
MGR	Alexander DuRose	8505 NW 9 Place	■Add
		Plantation FL 33324	☐Remove
		 	□ Change
3R 	Yvonne Bailey-Cole	4065 Kiek Lane	≅ Add
		Lake Worth FL 33460	Remove
			□Change
		 	□Add
		 	□Remove
			□Change
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			□Remove
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		5/27/2020				
fective date, if other than the n effective date is listed, the date mus	date of filing:		La CCV	1 00 1-	(optional)	
ite: If the date inserted in this bl	ock does not me	ect the applicab	ole statutory fili	ing requiremen	its, this date will	not be listed as
cument's effective date on the D	epartment of Sta	ate's records.				
ecord specifies a delayed effectiv is filed.	e date, but not a	n effective tim	e, at 12:01 a.m	i, on the earlier	of: (b) The 90	th day after the
				./		
05/27		2020				
05/27 ited	 ·	2020	-//			
05/27 ited	·	2020)/		
nted	Signature of a no	A	ized representati	ve of a member		<u>. </u>