

L20 000069276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

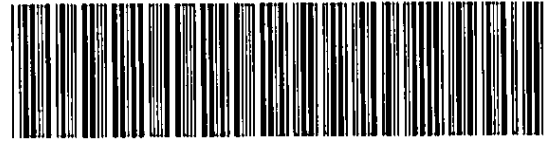
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
JUN 11 2021
11:58 AM
STATE
OFFICE
TALLAHASSEE, FL

JUN 11 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2021

BLENDED FAMILY RESTORATIVE AND HOME CARE SERVICES LLC
1880 15TH COURT NW
WINTER HAVEN, FL 33881

SUBJECT: BLENDED FAMILY RESTORATIVE AND HOME CARE SERVICES
LLC
Ref. Number: L20000069276

We have received your document for BLENDED FAMILY RESTORATIVE AND HOME CARE SERVICES 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 CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 021A00008268

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Blended Family Restorative and Home Care
Name of Limited Liability Company
Services LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shanita Howard
Name of Person

Blended Family Restorative and Home
Firm/Company
Care Services LLC

1880 15th Ct N.W.
Address

Winter Haven FL 33881
City/State and Zip Code

Extendedfamily2010@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shanita Howard at (863) 934-3814
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**

Blended Family Restorative and Home Care Services LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/2/2020 and assigned Florida document number 220000069276

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Shanita Howard

1880 15th Ct N.W. Winter Haven, FL 33881

Enter Florida street address

Winter Haven, Florida 33881

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.

Shanita Howard

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>
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			<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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MGR	Shanita Howard	1427 Steichen St.	<input checked="" type="checkbox"/> Add
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		S.W. Winter Haven	<input type="checkbox"/> Remove
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		Fl 33880	<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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[illegible]

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.

Dated May 21st 2021
Shanita Howard
 signature of a member or authorized representative of a member
Shanita Howard
 typed or printed name of signer

Filing Fee: \$25.00