

L20000082027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

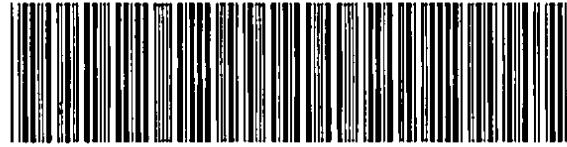
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05/04/20--01010--016 **25.00

SECRETARY OF
TALLAHASSEE, FLORIDA

2020 JUN 18 PM 12:02

FILED

CU
6/20/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 MAY 10 PM 11:39

May 22, 2020

KENYA TERRY
2814 SILKWOOD CIRCLE
APT. ~~214~~ 214
ORLANDO, FL 32818

SUBJECT: KT HOME HEALTHCARE & ADULT SERVICES LLC
Ref. Number: L20000082027

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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.

Querida R Moore
Regulatory Specialist II

Letter Number: 220A00010368

TO: Registration Section
Division of Corporations

KT HOME HEALTHCARE & ADULT SERVICES

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenya Terry

Name of Person

KT Home Healthcare & Adult Services

Firm/Company

2814 Silkwood Circle Apt. 2147

Address

Orlando, FL 32818

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENYA TERRY 321 591-9377

Name of Person at () Daytime Telephone Number
Area Code

enclosed is a check for the following amount:

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

TO
ARTICLES OF ORGANIZATION **FILED**
OF

KT HOME HEALTHCARE & ADULT SERVICES **LLC**

2020 JUN 18 PM 12: 02

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company) **TALLAHASSEE, FL**

The Articles of Organization for this Limited Liability Company were filed on 03/13/2020 and assigned
Florida document number L20000082027.

This amendment is submitted to amend the following:

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

KT HOME HEALTHCARE & ADULT CARE SERVICES **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)

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:

Enter Florida street address

_____, Florida _____
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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Typed or printed name of signee