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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Quality Care Nursing 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:

Kim D Lothian
Name of Person

Quality Care Home Health LLC
Firm/Company

499 N. State Road 434 Suite 2137
Address

Altamonte Springs, FL 32714
City/State and Zip Code

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

For further information concerning this matter, please call:

Kim D Lothian at (352) 837-5671
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**

Quality Care Nursing 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 3/17/2020 and assigned Florida document number L20000083940.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: Service ^{KL} LLC
Quality Care Home Health ~~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: 499 N. State Rd 434
Suite 2157
Altamonte Springs, FL 32714

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 443 E. Hie Wierke Rd
Altamonte Springs, FL 32714

(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: 499 N. State Rd 434 Suite 2157
Altamonte Springs Florida 32714
Enter Florida street address
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.

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TALLAHASSEE, FL

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

