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SECRETARY OF STATE TALLAHASSEE, FL

D. BRUCE AUG 11 2020

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SCINCIRA D'S HOME 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:
Mary LARRY Name of Person Sandra DS Home CARE, LLC Firm/Company
1807 FUITON DRIVE
FT. PIERCE FL 34950 City/State and Zip Code
MARY LARRY 664 D Jahon. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marca Code Daytime Telephone Number 25 25
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, o Certificate of Status (additional copy is enclosed) 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 ORGANIZATION OF

Sandra D'S Home Care, LLC

(A Flo	rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L 2000 C L OC</u>	, · ,
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	1807 FUITON DR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P/A PECRETARIA
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, enter the name of the i
Name of New Registered Agent:	Ala s
New Registered Office Address:	Enter Florida street address
	Florida City Zip Coc
	mp cor

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 coprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar vaccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lial company has been notified in writing of this change.

MGR = Manager AMBR = Authorized Member	
Name Name OWNER / Registered Agent Outhorized Mary Carry Person	Address Tyr 1807 FUITON DRIVE E FT. PIERCE FC
	<u>3950</u>
	GREINARY (F STATE ALLAHASSEE, FL
	_

or removed from our records:

D. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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	HAR ARE
	OCC FILE MO
(If an effecti Note: If	e date, if other than the date of filing:
If the record s record is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date.
Dated	June 24 2020.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee