

L20000 106676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

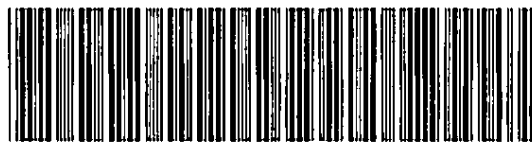
(Business Entity Name)

(Document Number)

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2020 MAY 26 AM 6:44  
CLERK OF DISTRICT COURT  
JULIA S. YOUNG

JUN 15 2020  
S. YOUNG

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: HEART'S of Suncoast Homecare 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:

Tiffany Butler  
Name of Person

Firm/Company

1340 32nd St.  
Address

Sarasota, FL 34234  
City/State and Zip Code

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

For further information concerning this matter, please call:

Tiffany Butler at (941) 879-5499  
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

Heart's of Suncoast Homecare LLC

**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>
MGR	Tiffany Butler	1340 32nd St.	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34234	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tiffany Butler	1340 32nd St.	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34234	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Just need to make myself authorized user  
in order to open bank acct.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 05/21, 2020.

Tiffany Butler  
Signature of a member or authorized representative of a member

Tiffany Butler  
Typed or printed name of signee