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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BROWARD CARE AT HOME, LLC**

Certificate of Status	0
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JUL 08 2020

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2020 JUL -7 AM 11:55

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BROWARD CARE AT HOME, 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:

Robert Greg Young

Name of Person

Concierge Home Care

Firm/Company

6817 SOUTHPOINT PARKWAY, SUITE 1502

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

gyoung@conciiergehomecarefl.com

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

For further information concerning this matter, please call:

Robert Greg Young

904

733-1003 x2001

at (_____) _____

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**

BROWARD CARE AT HOME, 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 MAY 8, 2020 and assigned
Florida document number L20000121614.

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:

6817 SOUTHPOINT PARKWAY

(Principal office address MUST BE A STREET ADDRESS)

SUITE 1502

JACKSONVILLE, FL 32216

Enter new mailing address, if applicable:

6817 SOUTHPOINT PARKWAY

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 1502

JACKSONVILLE, FL 32216

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:

ROBERT GREG YOUNG

New Registered Office Address:

6817 SOUTPOINT PARKWAY, SUITE 1502

Enter Florida street address

JACKSONVILLE

, Florida 32216

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

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILFREDO E. MARTINEZ	10305 SW 64 AVE.	<input type="checkbox"/> Add
		PINECREST, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID CHRIS RUCKER	6817 Southpoint Parkway	<input checked="" type="checkbox"/> Add
		Suite 1502	<input type="checkbox"/> Remove
		Jacksonville, FL 32216	<input type="checkbox"/> Change
MGR	JEFFREY L. FISHER	6817 Southpoint Parkway	<input checked="" type="checkbox"/> Add
		Suite 1502	<input type="checkbox"/> Remove
		Jacksonville, FL 32216	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Name and Address for Each Officer of the Limited Liability Company:

David Christopher Rucker, CEO

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6817 Southpoint Parkway, Suite 1502

Jacksonville, FL 32216

Jeffrey L. Fisher, President

6817 Southpoint Parkway, Suite 1502

Jacksonville, FL 32216

Robert Greg Young, Secretary

6817 Southpoint Parkway, Suite 1502

Jacksonville, FL 32216

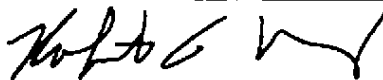
E. Effective date, if other than the date of filing: _____ (optional)

(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 July 6, 2020



Signature of a member or authorized representative of a member

Robert Greg Young

Typed or printed name of signee