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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations	,	
SUBJECT: HE	ATHER'S HO	ME CARE	LLC'
	regite of Ellin	ned biability Company	
SURJECT: HEATHER'S HOME CARE "LLC" Nume 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: Heather'S Home Care "Llc" Name of Person heather'S Home Care "Llc" Firm/Company 12529 Thosis woods lane Address Address Address: Crystate and Zip Code heather heather he used for future annual report notification) For further information concerning this matter, please call: Heather hear at His His Acrae at Lane Name of Person The Status Acrae Code Daytime Telephone Number Enclosed is a check for the following amount: Esteed School Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations Division of Corporations Division of Corporations The Carter of Talkbergero			
Please return all correspo	ndence concerning this matter	to the following:	
	ı		
	H	eather Ka	n E
		Name of Person	
	heather	Firm/Company	Trson Carc LLC' vany 32824 Tip Code Chamal on re annual report notification) 4567469 Tode Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee
	13258 I	about sicuil	lane
		Address	
	HEATHER'S HOME CARE "LLC" Name of Limited Liability Company districtes of Amendment and fee(s) are submitted for filing. at all correspondence concerning this matter to the following: Heather Kane Name of Person heather's Home Care LLC" FimyCompany 1252 & Those woods lane Address Orlade H 32824 City/State and Zip Code heather kane & Chamal con E-mail address; (to be used for future annual report notification) Information concerning this matter, please call: Area Code Daytime Telephone Number a check for the following amount: Filing Fee S 330.00 Filing Fee & Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) Street Address: gistration Section Division of Corporations		
	heather	kane = @ ha mal	· Um
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
.	١.		
Heather	Kane	at (48) 456	7469
Name of	f Person	Area Code Daytim	e Telephone Number
	ne following amount:		
≥ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ation
P.O. Box 632	•		-
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heather's	Home	Care		至	نور ا
(Name of the Limited Li (A Fi	ability Company as it now lorida Limited Liability Com	appears on our pany)	records.)	7: OE	
The Articles of Organization for this Limited Liabili		on May	27, 2020	and assigned	1
Florida document number <u>L20000144</u>	282)			
This amendment is submitted to amend the followin	g:				
A. If amending name, enter the new name of the	limited liability compa	iny here:			
The new name must be distinguishable and contain the words	"Limited Liability Company	" the designation	"LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applicable	:				
(Principal office address MUST BE A STREET AI	DDRESS)				
		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>				
	<u></u>				
B. If amending the registered agent and/or regist agent and/or the new registered office address he		our records,	enter the name of	the new reg	isterec
Name of New Registered Agent:			 		
New Registered Office Address:	En	ter Florida street	address	<u>-</u>	
			, Florida		
_	City			Lip 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 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

Title	<u>Name</u>	Address	Type of Action
1GR IN BR	Heather Kane	13528 Illinois Wood	James -> CAdd
		05/ ando, Fr 32824	□Remove
			Change
MGR	Laborn Rennie	12728 Illinois woods.	<u>~</u> □Add
		ortener , 52 32824	ERemove
			□ Change
			□ Add
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			Change
			□ Add
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ective	late, if other than the date of filing:	to 605,020 he listed a
	s effective date on the Department of State's records.	oc iistea ti
cord sp s filcd.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date	ry after the
ted	6/30/2020 DO20	
	1.1.	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00