LZO 000 148711

(Request	tor's Name)	
(Address)	
(Address)	
(City/Sta	te/Zip/Phone #)	
PICK-UP] WAIT	MAIL
(Busines	s Entity Name)	
(Docume	ent Number)	
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Registration Section

Division of Corporations

TO:

SUBJECT:	District Home	Care LLC	
3000LC1.	Name of Lim	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Teddy Pierre-Louis		
		Name of Person	
	District Home Care LLC		
		Firm/Company	
	1031 IVES DAIRY RD, S	uite 228	
		Address	
	Miami, FL 33179		
		City/State and Zip Code	
	tedrealtor1@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Teddy P	erre-Louis	786 597-4517	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration	Section	<u>Street Address:</u> Registration Se	
Division of Corporations		Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314			e Street, Suite 810

Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 2, 2020

TEDDY PIERRE-LOUIS 1031 IVES DAIRY ROAD STE. 228 MIAMI, FL 33179

SUBJECT: DISTRICT HOME CARE LLC

Ref. Number: L20000148711

We have received your document for DISTRICT HOME CARE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

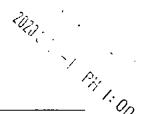
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 120A00012993

Irene Albritton Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



District Home ('are LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	V
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000148711}{1.20000148711}$. This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	1031 YVES DAIRY RD, Suite 228	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33179	
Enter new mailing address, if applicable:	1031 YVES DAIRY RD, Suite 228	
Mailing address MAY BE A POST OFFICE BOX	Miami, FL 33179	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the nan	ne of the new registe
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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

<u>Title</u>	Name	Address	Type of Action
AMBR Teddy Pierre-Louis	1031 YVES DAIRY RD. Suite 228	□Add	
		Miami, F1, 33179	🗆 Remove
			■Change
			□Add
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. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the date of filing:
ne record ord is tile	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 ed.
Dated _	June 9th 2020
	Signature of a manner or authorized representative of a member
	Teddy Pierre-Louis
	Z Typed or printed name of signee

Filing Fee: \$25.00