

L70 000 185918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

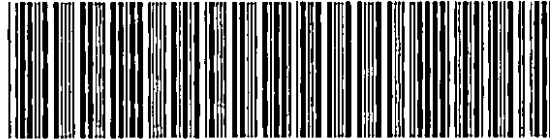
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

JUL 27 2020

07/28/20--01017--027 **61.25

FILED
2020 SEP -2 PM 7:48
TALLAHASSEE, FL

D. BRUCE
OCT 16 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2020

VANESSA DAVIDSON
7734 S.W. 10TH CT APT 2
NORTH LAUDERDALE, FL 33068

SUBJECT: VALARIE'S CARE LLC
Ref. Number: L20000185918

We have received your document for VALARIE'S CARE LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 520A00017943

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SEP 21 2020
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Valarie's Care LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vanessa Davidson
Name of Person

Firm/Company

7734 S.W. 10th CT Apt 2
Address

North Lauderdale FL 33068
City/State and Zip Code

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

For further information concerning this matter, please call:

Vanessa Davidson at (954) 696-6744
Name of Person Area Code Daytime Telephone Number

STATE OF FLORIDA
TALLAHASSEE, FL

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Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Valarie's Care 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 07-01-2020 and assigned Florida document number 120000185918.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Hermann Thompson

New Registered Office Address:

7734 S.W. 10th CT Apt 2.

Enter Florida street address

North Lauderdale Florida 33068

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.

H. Thompson
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	Hermann Thompson	7734 S.W. 10 th CT Apt 2	<input type="checkbox"/> Add
		North Lauderdale FL 33068	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Vanessa Davidson	7734 S.W. 10 th CT Apt 2	<input checked="" type="checkbox"/> Add
		North Lauderdale FL 33068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2020 SEP 2 PM 7:48
TALLAHASSEE, FL
SECURITY 110

FILED

OFFICE OF THE
TALLAHASSEE, FL

7

2020 SEP -2 PM 7:48

100

(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)

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 _____

✓

Signature of a member or authorized representative of a member

Vanessa Davidson

Typed or printed name of signee

Filing Fee: \$25.00