

h20 000 207 282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

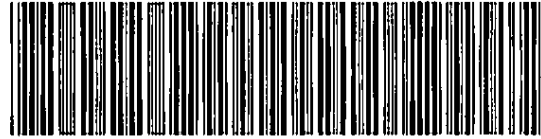
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2021 DEC 20 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FL



## COVER LETTER

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

SUBJECT: PS CHOICE HCB SERVICES 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:

PAULA SCARLETT

Name of Person

PS CHOICE HCB SERVICES

Firm/Company

70 SW 111th LANE

Address

CORAL SPRINGS FLORIDA 33071

City/State and Zip Code

ppscarlett42@gmail.com

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

For further information concerning this matter, please call:

PAULA SCARLETT

917 497-5667  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**FILED**  
2021 DEC 20 AM 11:52

VP CHOICE BUSINESS SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
FALLS CHASSE, FL

The Articles of Organization for this Limited Liability Company were filed on 7/16/2020 and assigned  
Florida document number L20000207282

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PS CHOICE HCB SERVICES LLC

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)**

70 SW 111th LANE

CORAL SPRINGS

FLORIDA 33071

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

SAME AS ABOVE

**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:

SAME AS OLD REGISTERED AGENT (PAULA SCARLETT)

New Registered Office Address:

SAME AS OLD OFFICE ADDRESS (70 SW 111th LANE)

Enter Florida street address

CORAL SPRINGS

Florida 33071

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	NO CHANGES TO TO AUTHORI		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	NO changes made		<input type="checkbox"/> Add
	Same as previous		<input type="checkbox"/> Remove
	(Paula Scarlett MGR)		<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

E. Effective date, if other than the date of filing: 12/17/2021 (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 12/17/2021, 12:01

Paula Scarlett

Signature of a member or authorized representative of a member

PAULA SCARLETT

Typed or printed name of signee

Filing Fee: \$25.00