LZ0000 215549

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PICK-UP	WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

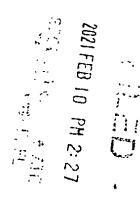
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 14, 2021

AUDRIANA CLARK 7333 PINE FOREST RD LOT 70 PENSACOLA, FL 32526

SUBJECT: THE HEART OF HOME HEALTHCARE LLC

Ref. Number: L20000215549

We have received your document for THE HEART OF HOME HEALTHCARE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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: 521A00000869

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO: Registration Se Division of Cor			
subject: <u>The</u>	<u>Heart of Home</u> Name of Lim	HathCare U ited Liability Company	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>audriar</u>	Name of Person	
		f Home Heath Firm/Company	
	7333 pine For	18t 10d #70 Address	
	pensacola F	L 32524 City/State and Zip Code	
	E-mail address: (to be used for lature annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Audriana Name o	Clark f Person	at (<u>845</u>) <u>35% -</u> Area Code Daytim	O3LOH e Telephone Number
Enclosed is a check for the	ne 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 (edditional copy is enclosed)

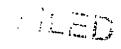
Mailing Address:

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



Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number / 2(XXX)215549 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 "LLC." 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

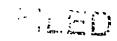
City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Address	2021 FEB 10 PM 2: 28	Type of Action
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ective date, if other than the date of filin	g: (optional) d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
te: If the date inserted in this block does not it	meet the applicable statutory filing requirements, this date will not be listed as t
rument's effective date on the Department of	State's records.
cord specifies a defayed effective date, but no s filed.	t an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed January 25	. 2021.
Signature of a	member or authorized representative of a member
audiana a	Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00