

LZ0000215549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

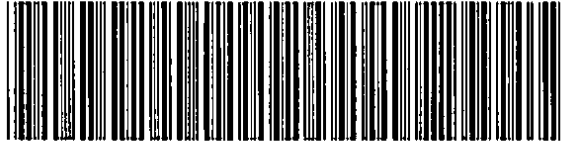
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FEB 11 2021



2021 JAN 14 10:11
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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 521A00000869

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Heart of Home Healthcare 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:

Audriana Clark
Name of Person

The Heart of Home Healthcare
Firm/Company

7333 pine forest rd #70
Address

pensacola FL 32526
City/State and Zip Code

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

For further information concerning this matter, please call:

Audriana Clark at (850) 356-0364
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE FL

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

N/A

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SECRETARY OF STATE
TALLAHASSEE FL

E. Effective date, if other than the date of filing: _____ (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 January 25 , 2021 .



Signature of a member or authorized representative of a member

Audriana Clark

Typed or printed name of signee