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## COVER LETTER

Registration Section Division of Corporations

TO:

Blanca Nur	rsing LLC		
SOBSECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Tammy Ramirez		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Providence Homecare LLC	C	
		Firm/Company	<del></del>
	10250 SW 56th Street Ste	D-103	
		Address	<del></del>
	Miami, FL 33165		
		City/State and Zip Code	
	siarablanca@gmail.com		
	E-mail address: (	to be used for future annual report	notification)
For further information of	concerning this matter, please c	all:	
Tammy Ramirez		305 2201088	3
Name c	of Person	at () Area Code Da	ytime 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)
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	The Centre	Section Corporations of Tallahassee onroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

Blanca Nursing LLC

:1218 -9 1. 6:17

( <u>Name of the Limited Liabili</u> (A Florid	ity Company a Limited Liab	as it now appears oility Company)	on our records.)	
The Articles of Organization for this Limited Liability C		ere filed on <u>07/2</u>	3/2020	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited <u>liabilit</u>	y company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability	Company," the des	ignation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-			
(Principal office address MUST BE A STREET ADDI	RESS)			
	-	<del></del>		
Enter new mailing address, if applicable:	-			
(Mailing address MAY BE A POST OFFICE BOX)	-			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office ado	dress on our rec	eords, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:				
New Registered Office Address:			<u>. —</u>	
		Enter Floria	la street address	
		City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registere	od Auent	Cuy		z.ip Code
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	and agree complete pe igent as pro red office ac	erformance of n ovided for in Cl	ny duties, and I a napter 605, F.S. (	m familiar with and Or, if this document is
	If Changii	ng Registered Ager	nt, 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>Name</u>

Siara Blanca

<u>Title</u>

MGR

	1.1.5.	- ^	Γ.	<b>(</b> :	1
<u>ddress</u>					

Address	Type of Action
431 NE 12th Ave Apt 216 Homestead, FL 33030	<b>=</b> Add
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It amending any other information, enter Ci	hange(s) here: (Attach additional sheets, if necessary.)
	28 -17.617
<del> </del>	
Effective date, if other than the date of filing If an effective date is listed, the date must be specific and Note: If the date inserted in this block does not make document's effective date on the Department of S	d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( neet the applicable statutory filing requirements, this date will not be listed as t
e record specifies a delayed effective date, but not rd is filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated September 3	2020
	member of authorized representative of a member
Significant of a r	member of authorized representative of a member
Tamm	y Kamille

E. E. 625.00