

L20000226784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

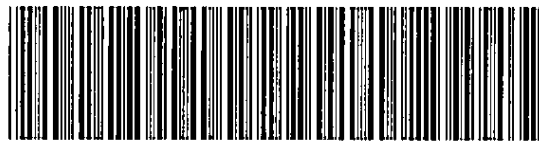
(Business Entity Name)

(Document Number)

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2020 DEC 28 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FL

Qw

2/19/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRESTIGIOUS HOME HEALTH CARE 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:

ANQUINETTE HOWARD

Name of Person

PRESTIGIOUS HOME HEALTH CARE LLC

Firm/Company

115 S park Ave

Address

Titusville, FL 32996

City/State and Zip Code

ARHOWARD0519@GMAIL.COM

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

For further information concerning this matter, please call:

ANQUINETTE HOWARD

321

578-4445

at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2020 DEC 28 AM 10:17

PRESTIGIOUS HOME HEALTH CARE LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/30/2020 and assigned
Florida document number L20000226784.

This amendment is submitted to amend the following:

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

PRESTIGIOUS HOME CARE 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)

115 S PARK AVE

TITUSVILLE, FL 32796

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

115 S PARK AVE

TITUSVILLE, FL 32796

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:

ANQUINETTE HOWARD

New Registered Office Address:

115 S PARK AVE

Enter Florida street address

TITUSVILLE

City

Florida 32796

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>
MGR	ANQUINETTE HOWARD	115 S PARK AVE	<input type="checkbox"/> Add
		TITUSVILLE, FL 32796	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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.

Dated DECENMBER 23 2020

Anquines Howard
Signature of a member or authorized

Signature of a member or authorized representative of a member

ANQUINETTE HOWARD

Typed or printed name of signee