

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : PAGIO'S & ASSOCIATES, LLC
Account Number : I20100000043
Phone : (305)397-8553
Fax Number : (305)397-8521

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LIFELINE COMMUNITY SUPPORT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

APR 15 2021

M. SOLOMON

COVER LETTER

H21000148161 3

**TO: Registration Section
Division of Corporations**

SUBJECT: LIFELINE COMMUNITY SUPPORT, 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:

Sergio A Villatoro Lopez

Name of Person

LIFELINE COMMUNITY SUPPORT, LLC

Firm/Company

1666 John F Kennedy Cswy, Ste 603

Address

North Bay Village, FL 33141

City/State and Zip Code

lifelinecommunity603@gmail.com

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

For further information concerning this matter, please call:

Sergio A Villatoro Lopez

at (786) 518-8931

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

2021 APR 14 AM 10:39

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H21000148161 3

LIFELINE COMMUNITY SUPPORT, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/06/2020 and assigned
Florida document number L20000227896.

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 "L.L.C."

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 Office Address:

Enter Florida street address

_____, Florida _____
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>
AMBR	Silvio R Dos Santos Jr	12521 SW 94th Terracc	<input type="checkbox"/> Add
		Miami FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2021 APR 14 AM 10:39

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H21000148161 3

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

2021 APR 14 AM 10:33

10

E. Effective date, if other than the date of filing: April 09, 2021 (optional)

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 April 09 2021

Signature of a member or authorized representative of a member

Silvio R Dos Santos Jr

Typed or printed name of signee

Filing Fee: \$25.00