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(Requestor's Name)

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2021 FEB -5 PM 1:01

P 3/2/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Washington Home 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:

Shelley Bhowmick
Name of Person

Washington Home Care LLC
Firm/Company

800 NE. 1st, St.
Address

Belle Glade, FL 33430
City/State and Zip Code

Shelleybhowmick@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelley Bhowmick at (305) Day & Night, Weekend any time
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

Washington Home Care 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 _____ and assigned
Florida document number L20000262398

This amendment is submitted to amend the following:

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

_____ new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

_____ or new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

800 NE. 1st. St.
Belle Glade, FL- 33430

_____ or new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

800 NE. 1st. St.
Belle Glade, FL- 33430

_____ 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

2021 FEB-5

Registered Agent's Signature, if changing Registered Agent:

I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
to merely reflect a change in the registered office address, I hereby confirm that the limited liability
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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change

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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.

1-25-2021


Signature of a member or authorized representative of a member

SHELLEY BHOWMICK

Typed or printed name of signee

Filing Fee: \$25.00