

120 000266762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

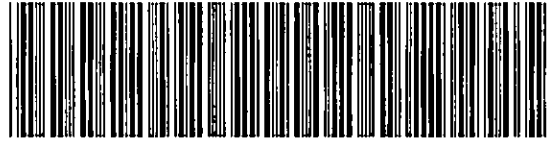
(Document Number)

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FILED
2022 APR 18 AM 6:56
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAY 11 2022

COVER LETTER

TO: Registration Section
Division of Corporations

V J Adult Day Care Services LLC

SUBJECT: _____
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:

Valrie M Hannam

Name of Person

V J Adult Day Care Service LLC

Firm/Company

1333 Nimrod St

Address

Port Charlotte, Florida, 33952

City/State and Zip Code

bwillbethere@aol.com

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

For further information concerning this matter, please call:

Valrie M Hannam

941 445-1404

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**

V J Adult Day Care Services LLC

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

FILED

2022 APR 18 AM 6:56

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on August 17, 2020 and assigned Florida document number L20000266762.

This amendment is submitted to amend the following:

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

Valrie Hannam 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:

1333 Nimrod Street

(Principal office address MUST BE A STREET ADDRESS)

Port Charlotte, Florida 33952

Enter new mailing address, if applicable:

1333 Nimrod Street

(Mailing address MAY BE A POST OFFICE BOX)

Port Charlotte, Florida 33952

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:

Valrie M Hannam

New Registered Office Address:

1333 Nimrod Street

Enter Florida street address

Port Charlotte

City

Florida

33952

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>
<u>MGR</u>	<u>Valrie M Hannam</u>	<u>1333 Nimrod Street, Port Charlotte, FL 33952</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>N/A</u>		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>N/A</u>		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>N/A</u>		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

E. Effective date, if other than the date of filing: N/A (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 March 14th, 2022

Calvin Harnam
Signature of a member or authorized representative of a member

Valrie M. Hannam

Typed or printed name of signee



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 APR 18 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FL

April 4, 2022

VALRIE M HANNAM
1333 NIMROD ST
PORT CHARLOTTE, FL 33952

SUBJECT: V J ADULT DAY CARE SERVICES LLC
Ref. Number: L20000266762

We have received your document for V J ADULT DAY CARE SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 422A00007814