

L200000278629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

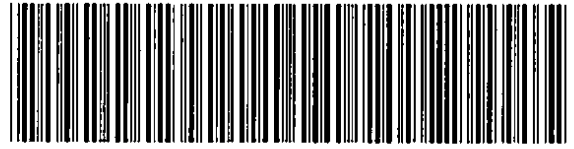
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 AUG 28 PM 3:12

Y. SCOTT

SEP 19 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COMFORT ADULT 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:

MARJORIE M GEDEON

Name of Person

COMFORT HOME HEALTH CARE SERVICES, LLC.

Firm/Company

139 TWO PINE DRIVE

Address

GREENACRES, FLORIDA 33413

City/State and Zip Code

MG723974@GMAIL.COM

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

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For further information concerning this matter, please call:

MARJORIE M GEDEON

305

335 4920

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**

COMFORT ADULT 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 09/08/2020 and assigned
Florida document number L20000278629.

This amendment is submitted to amend the following:

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

COMFORT HOME HEALTH CARE SERVICES, 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)

139 TWO PINE DRIVE

GREENACRES, FLORIDA 33413

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

139 TWO PINE DRIVE

Enter Florida street address

GREENACRES

City

Florida 33413

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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CORPORATION
DIVISION OF
CORPORATION

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

COMFORT HOME HEALTH CARE SERVICES PROVIDES THE FOLLOWING SERVICES:

1. PROFESSIONAL CAREGIVER SERVICES RANGING FROM COMPANIONSHIP, PERSONAL SUPPORT, HOME MAKING, AND SKILLED NURSING IN THE COMFORT OF THEIR HOME.

2. RESPIRE CARE FOR CLIENTS WHO NEED LONG TERM SUPPORT WITH DAILY ACTIVITIES IN A SAFE AND NURTURING ENVIRONMENT.

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E. 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 08/21, 2023



Signature of a member or authorized representative of a member

MARJORIE M GEDEON

Typed or printed name of signee

Filing Fee: \$25.00