

L20000279378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

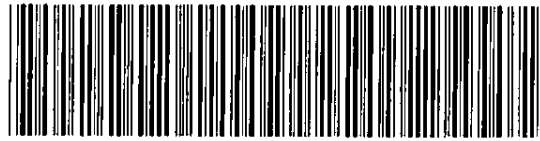
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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NEVAEH Healthcare 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:

MANOUCHEKA EVARISTE  
Name of Person

N/A

Firm/Company

1988 SW Monterrey Lane  
Address

Port Saint Lucie Florida 34953  
City/State and Zip Code

EVARISTE.MANOUCHEKA@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANOUCHEKA EVARISTE at (786) 317-7129  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2024

MANOUCHEKA EVARISTE  
1988 SW MONTERREY LANE  
PORT ST LUCIE, FL 34953

SUBJECT: NEVAEH HEALTHCARE L.L.C  
Ref. Number: L20000279578

We have received your document for NEVAEH HEALTHCARE L.L.C and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

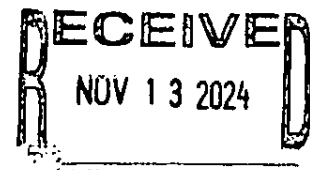
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 324A00018896



ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2024 NOV 13 AM 7:57

NEVAEH Healthcare, LLC

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

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09-08-2020 and assigned  
Florida document number 220000279578

This amendment is submitted to amend the following:

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

SAFE & Care Medical, 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**)

ManoucheKA EVARISTE  
1988 SW Monterrey LANE  
Port Saint Lucie, Florida 34953

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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:

RedJy Jean

New Registered Office Address:

1988 SW Monterrey LANE

Enter Florida street address

Port Saint Lucie

City

Florida

34953

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.

RedJy Jean

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	Manoucheka Evariste	1988 SW Montenev Lane	<input checked="" type="checkbox"/> Add
		Port St Lucie FL 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Redjy Jean	1988 SW Montenev Lane	<input checked="" type="checkbox"/> Add
		Port St Lucie FL 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

No other information

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2024 NOV 13 AM 7:57  
TALLAHASSEE, FLORIDA

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 10/31/24



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00