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COVER LETTER

	gistration S vision of Co	ection rporations			
SUBJECT:	DESTINYS HOME CAREING AGENCY, LLC				
500,71,71	-	Name of Li	mited Liability Company		
The enclosed	d Articles of	f Amendment and fec(s) are su	ibmitted for filing		
		ondence concerning this matte	-		
			STACY REID		
		 -	Name of Person		
		DESTINYS HOME CAR	EING AGENCY, LLC		
			Firm/Company		
		4193 WINDING V	INE DRIVE		
			Address		
		LAKELAND, FLO	RIDA 33812		
			City/State and Zip Code		
		destinyshomecareing@aol.			
		E-mail address:	to be used for future annual report	notification)	
For further in	formation c	oncerning this matter, please o	rall:		
Stacy Reid			239 281-8420 at ())	
	Name of	f Person		vtime Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25,00 Fi	ling 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)	
Regi Divi	ing Address istration S sion of Co Box 6327	ection orporations	Street Address Registration Division of C	Section Torporations	
	thassee. F		The Centre o 2415 N. Mon	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESTINYS HOME CAREING AC		ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Li	ability Company	were filed on OCTOBER 02, 2020 and assigned
Florida document number 900353102849	<u> </u>	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liab	lity company here:
The new name must be distinguishable and contain the we	ords "Limited Liabil	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	
(Principal office address MUST BE A STREET	<u>(ADDRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office ac <u>here</u> :	ldress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	CHARMAINE L	EVY
New Registered Office Address:		
		Enter Florida street address

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.

City

Charmone Levy
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>	Address	2021 JAN 26 AM 7: 4	Type of Action
AMBR	CHARMAINE LEVY	4193 WINDING	VINE DRIVE, LAKELAND, I	FL 338 □ Add
		TAX ID# 852573	3234	
		TAX ID# 854195	005	≡ Change
MGR	STACY REID			5
				□Remove
		FROM AMBR TO	O MGR	Change
				□Add
				□Remove
				□ Change
				🗆 Add
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				□Remove
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				□Remove
				□Change

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ctive date, if other than the date of filing: MARCH 1, 2021	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filip	ou or more than 00 days after films \ D
e: If the date inserted in this block does not meet the applicable statutory iment's effective date on the Department of State's records.	y filing requirements, this date will not be listed.
ord specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after th
filed.	
JANUARY 12 2021	
d 2021	
Haret Reid	١
	ntative of a member

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