

L20000313053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

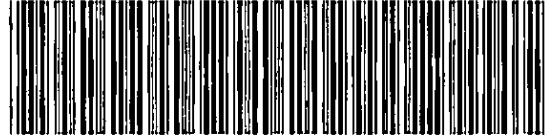
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100357860281

01/26/21--01023--004 **25.00

2021 JAN 26 AM 7:45

ED

2 SIMMONS

MAR 09 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DESTINY'S HOME CAREING AGENCY, 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:

STACY REID

Name of Person

DESTINY'S HOME CAREING AGENCY, LLC

Firm/Company

4193 WINDING VINE DRIVE

Address

LAKELAND, FLORIDA 33812

City/State and Zip Code

destinyshomecareing@aol.com

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

For further information concerning this matter, please call:

Stacy Reid

239

281-8420

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

10

2021 JAN 26 AM 7:45

(A Florida Limited Liability Company)

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>
AMBR	CHARMAINE LEVY	4193 WINDING VINE DRIVE, LAKE LAND, FL 338	<input type="checkbox"/> Add
		TAX ID# 852573234	<input checked="" type="checkbox"/> Remove
		TAX ID# 854195005	<input checked="" type="checkbox"/> Change
MGR	STACY REID		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		FROM AMBR TO MGR	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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.)

2021 JAN 26 AM 7:45

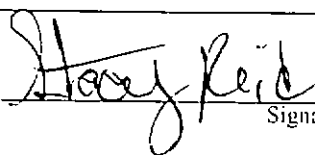
E. Effective date, if other than the date of filing: MARCH 1, 2021 (optional)

(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 JANUARY 12 2021



Signature of a member or authorized representative of a member

STACY REID

Typed or printed name of signee