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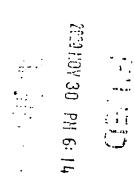
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## **COVER LETTER**

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eum mz	<b>***</b>	Optimum H	ome Care	~*	_	••
SORIFC	.1: _	•	Name of Lin	mted Liability Company		<del></del>
771						
The enclo	osed	Articles of A	Amendment and fee(s) are sul	bmitted for filing.		
Please ret	turn (	all correspor	ndence concerning this matter	r to the following:		
			Nikeya C Herrera-Adams			
				Name of Person		
			Optimum Home Care			
				Firm/Company		
			1207 Mackeral Avenuec			
			· · · · ·	Address		
			Sarasota, Fl 34237			
			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	City/State and Zip Code	·	© S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			Optimumcare941@gmail.c		•	
				(to be used for future annua	1 report notification)	)
For furthe	er int	ormation co	oncerning this matter, please of	rall:		
Nikeya C	keya C Herrera-Adams 941 356-4546		56-4546			
		Name of	Person	Area Code	Daytime Teleph	none Number
Enclosed	is a o	check for the	e following amount:			
□ \$25.0	00 Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		Certificate of Status & Certified Copy
		ing Address		Street A		
	-	istration S sion of Co	ection orporations		ration Section on of Corporati	ons
		Box 6327	•		entre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-1"1

Optimum Home Care, LLC		- J
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	ω 0
The Articles of Organization for this Limited Liability	Company were filed on October 12, 2020	and assigned
Florida document number L20000321923		6.
This amendment is submitted to amend the following:		<b>.</b>
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here:	·	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Floric	la
•	City	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 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	Type of Action
MGR	Corey D Gilley Sr.	814 27th Street East	□Add
		Bradenton, Fl 34208	■Remove
			□Change
MGR	Annie M Jean-Louis	4338 Lubec Avenue	□Add
		North Port, Fl 34287	■ Remove
			Change
	<del></del>		□Add
			Remove
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ffective date, if other than	the date of filin	10/12/2020		(optic	onal)	
an effective date is listed, the date of the interest of the date inserted in the date in	e must be specific and	f cannot be prior to	o date of filing or m	ore than 90 days after	filing.) Pursuant to 6	05.0207
ocument's effective date on t	he Department of S	State's records.	ore statutory firms	z requirements, im.	s date will not be in	sted ds
record specifies a delayed of	fective date, but not	an effective tin	ne, at 12:01 a.m. o	on the earlier of: (b	) The 90th day at	ter the
l is filed.						
November 24		2020				
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rated	$\Lambda$ 11		/ L II	_		
eated	ra ( Her	vrera-l	ldam	2		
Pated November 24	Signature of a	MCDA - (	Laam	of a member		