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COVER LETTER

TO: Registration Se Division of Cor					
	els In Home Care Services LL	c			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	Jonisha Vickers				
		Name of Person			
	Bettye Angels In Home Ca	are Services LLC			
		Firm/Company			
	Name of Person Bettye Angels In Home Care Services LLC				
		Address	1951		
	Plant City, Fl. 33610				
		City/State and Zip Code			
	•				
	E-mail address: (to be used for future annual report no	tification)		
For further information c	oncerning this matter, please co	all:			
Jonisha Vickers					
Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	he 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 Addres Registration		Street Address: Registration So	ection		
Division of C		Division of Co	Division of Corporations		
P.O. Box 632		The Centre of			
Tallahassee.	FL 52514	2415 N. Monro	oe Street, Suite 810		

Tallahassee, Ft. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bettye Angels In Home Care Services 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 10/13/2020 and assigned		
Florida document number 1.20000323614			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Bettye Angels LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	401 S. Knight St.		
(Principal office address MUST BE A STREET ADDRESS)	Plant City, Fl. 33563		
Enter new mailing address, if applicable:	Plant Class 121 22542		
(Mailing address MAY BE A POST OFFICE BOX)	Plant City, Fl. 33563		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
	Florida		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

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:

<u> <u>Fitle</u></u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			. Change
			🗆 Add
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			□Change
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			□Change

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ective date, if other than the o	date of filing:		(option	al)
n effective date is listed, the date must ote: If the date inserted in this blo	be specific and cannot be pr	ior to date of filing or m	ore than 90 days after fil g requirements, this d	ing.) Pursuant to 605.0207 ate will not be listed as
cument's effective date on the De	partment of State's recor	ds.	,	
				77 001 1 0 1
ecord specifies a delayed effective is filed.	date, but not an effective	e time, at 12:01 a.m. (on the earlier of: (b)	The 90th day after the
ted November 28	. 2020			
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/ language	1// ^ 1/ ^ 1/ 1			
Joushai	Signature of a member or an	nhorized representative	of a member	

Filing Fee: \$25.00