

L20000325953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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(Business Entity Name)

(Document Number)

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J. HORNE
FEB 18 2022

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FILED
2022 FEB 18 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FL 323

2022 FEB 18 PM 3:27
TALLAHASSEE, FL 323

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: A Loving Heart In Home Health Care, LLC
DOCUMENT NUMBER: 120000325953

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person
A Loving Heart In Home Healthcare, LLC
Firm/ Company
4104 Apalachee Pkwy
Address
Tallahassee, FL 32311
City/ State and Zip Code
alovingheart2serve@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 FEB 18 PM 3:41

A Loving Heart In Home Health Care, LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 22, 2020 and assigned Florida document number L20000325953

This amendment is submitted to amend the following:

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

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)

4104 Apalachee Pkwy
Tallahassee, FL 32311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4104 Apalachee Pkwy
Tallahassee, FL 32311

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:

Alana Townsend

New Registered Office Address:

4104 Apalachee Pkwy

Enter Florida street address

Tallahassee

City

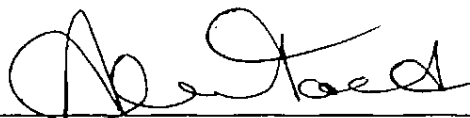
, Florida

32311

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 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>
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MGR	Alana Townsend	4438 Wakulla Springs Rd	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32305	<input type="checkbox"/> Remove

_____ ☐ Change

MGR	Alana Townsend	4104 Apalachee Pkwy	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32311	<input type="checkbox"/> Remove

_____ ☐ Change

MGR	Alison Aderhold	4104 Apalachee Pkwy	<input type="checkbox"/> Add
		Tallahassee, FL 32311	<input type="checkbox"/> Remove

_____ ☒ Change

_____ ☐ Add

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_____ ☐ Remove

_____ ☐ Change

[illegible]

(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)

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 February 18, 2022.

C. J. Oestend
Signature of a member or authorized representative of a

Alana Townsend
Typed or printed name of signee

Filing Fee: \$25.00