

120000374302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

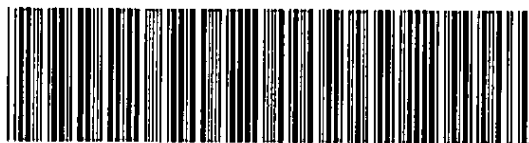
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

12/01

NO\$

Office Use Only



700376739217

01/14/22--01014--001 **25.00

FILED
2021 DEC 28 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
JAN 1 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 DEC 28 AM 8:08

December 15, 2021

BIRGET CORDIS
2501 MARSHFIELD PRESERVE WAY
KISSIMMEE, FL 34746

SUBJECT: BAC HOMECARE ADULT & FAMILY HEALTH LLC
Ref. Number: L20000374302

We have received your document for BAC HOMECARE ADULT & FAMILY HEALTH LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for BAC HOMECARE ADULT & FAMILY HEALTH LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott
Supervisor

Letter Number: 021A00030332

COVER LETTER

**TO: Registration Section
Division of Corporations**

BAC Homecare Adult & Family Health LLC

SUBJECT: _____
Name of Limited Liability Company

2021 DEC -1 AM 8:07

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Birget Cordis

Name of Person

BAC House Calls Adult & Family Health LLC

Firm/Company

2501 Marshfield Preserve Way

Address

Kissimmee, FL 34746

City/State and Zip Code

birgetr@aol.com

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

For further information concerning this matter, please call:

Birget Cordis

718 679-7711

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2021 DEC 28 PM 1:07

BAC Homecare Adult & Family Health LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 11/30/2020 and assigned
Florida document number 120000374302.

This amendment is submitted to amend the following:

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

BAC House Calls Adult & Family Health LLC

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)

1317 Edgewater Dr # 3367

Orlando, Florida 32804

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2501 Marshfield Preserve Way

Kissimmee, FL 34746

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:

New Registered Office Address:

1317 Edgewater Dr #3367

Enter Florida street address

Orlando

Florida 32804

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 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>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

2021

Dated _____, 2021

Buget Cordis
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Birget Cordis

Typed or printed name of signee