

L20000390086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

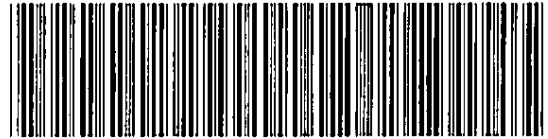
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/21/23

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2023 NOV 14 AM 7:58

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Journey Home Care 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:

MyRlande Joseph  
Name of Person

\_\_\_\_\_  
Firm/Company

5350 10<sup>th</sup> Ave N Ste 7B  
Address

Greenacres FL 33463  
City/State and Zip Code

MyRlandeJosephLLC@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MyRlande Joseph at (561) 8371231  
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

STATE  
TALLAHASSEE, FL

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Journey HomeCare Agency 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 12/14/2020 and assigned Florida document number L20000390086.

This amendment is submitted to amend the following:

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

Tropical Flavors 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)

5891 S Military Trail #14  
Lake Worth FL 33463

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5350 10<sup>th</sup> Ave N Ste 7B  
Greenacres FL 33463

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:

Myklande Joseph

5350 10<sup>th</sup> Ave N Ste 7B

Enter Florida street address

Greenacres

City

Florida

33463

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.

Myklande Joseph

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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AmBR	ERLila Accius	5891 S Military trail #14	<input checked="" type="checkbox"/> Add
		Lake Worth FL 33463	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

AmBR	Myblende Joseph	5891 S Military trail #14	<input type="checkbox"/> Add
		Lake Worth FL 33463	<input type="checkbox"/> Remove
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(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)

Dated 11/07 2023

MyBlande Joseph  
Typed or printed name of signer

**Filing Fee: \$25.00**