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## **COVER LETTER**

Division of Corp			
SUBJECT: Alway	15 here home Name of Lin	health Care	
	Name of Lin	nited Liability Company	
The conduct Association of			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Ashley H	O/Me 5 Name of Person	
	Always here	hume health Co.	M
	3530 /st au	Ell Socte 22	
	St peterstur	9 FC 337/3 City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information co	ncerning this matter, please c	all:	
Ashley Ho	lmes	at ( <u>\$/3</u> ) <u>764-</u> Area Code Daytim	5939
/ Name of	Person	Area Code Daytim	e 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		6	

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

(A Florida Limite	ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number $22/6000360/$ .	ny were filed on $\frac{12/33/2020}{2020}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited line.  Always here home core and camp  The new name must be distinguishable and contain the words "Limited Line."	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	3530 1st NEN Suik 221
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3530 1stauEN Suck 221 Soint peksburg Pl 33713
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent: AShle	y Holmes
New Registered Office Address: 3530	1 St (WE M Suck 221 Enter Florida street address
St peke	1st lut N Such 221  Enter Florida street address  Slove FL Florida 33773  Fity Zap Code
Many Dandatan at the 19 Ct. The state of the state of the	

New Registered Agent's Signature, if changing Registered Agent:

Always He

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
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
ne recor ord is fi	d 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 led.
Dated	10/8/2021 June 8th 2021.
	10/8/2021 June 8. 2021.  Bhley Holmus Signature of a member or authorized representative of a member
	Ashly Holmes  Typed or printed name of signee
	Timel or adjust to the second