

L21000004128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

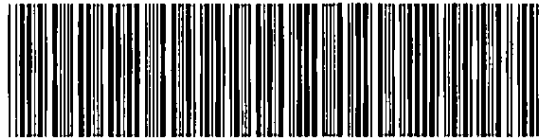
(Business Entity Name)

(Document Number)

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

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Amelia Family Home Care  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Taxikwa Amanu  
Name of Person

LLC  
Firm/Company

32177 Juniper Parke Dr  
Address

Fernandina Beach, FL 32034  
City/State and Zip Code

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

For further information concerning this matter, please call:

Taxikwa Amanu at (812) 706 9502  
Name of Person Area Code Daytime Telephone Number

**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

**AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

**FIRST:** The name of the limited liability company is: Amelia Family Home Care

**SECOND:** The Florida Document number of the limited liability company is: L21000004128

**THIRD:** The street address of the limited liability company's principal office is:

32177 Juniper Parke Dr  
Fernandina Beach, FL 32034

The mailing address of the limited liability company's principal office is:

32177 Juniper Parke Dr  
Fernandina Beach, FL 32034

**FOURTH:** The date the statement of authority became effective is: January 01/2021

**FIFTH:** The statement of authority is cancelled. L

**OR**

The amendment to the statement of authority is

[Signature]  
Signature of authorized representative

Tarikwa Amanu  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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# *State of Florida*

## *Department of State*

I certify from the records of this office that AMELIA FAMILY HOME CARE, is a limited liability company organized under the laws of the State of Florida, filed electronically on December 24, 2020, effective January 01, 2021.

The document number of this company is L21000004128.

I further certify that said company has paid all fees due this office through December 31, 2020, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 210107152658-500356969185#1

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Seventh day of January, 2021



A handwritten signature in black ink, appearing to read "Laurel M. Lee".

Laurel M. Lee  
Secretary of State