

L21000012935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

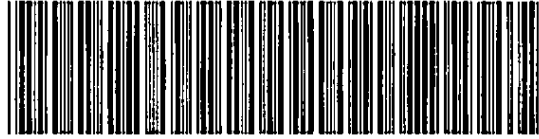
(Business Entity Name)

(Document Number)

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2023 MAR 17 AM 7:51

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tier 1 home health
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:

Shannen Lasane
Name of Person

Tier 1 home health
Firm/Company

304 E Pine St FL, 33801
Address

Lakeland, FL,
City/State and Zip Code

Tier1hna@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannen Lasane at (863) 6040157
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

Tier 1 home health

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

2023 MAR 17 AM 7:54

The Articles of Organization for this Limited Liability Company were filed on 01/04/2023 and assigned Florida document number L21000012935

This amendment is submitted to amend the following:

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

Tier One enterprise 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)

304 E Pine Street FL Lakeland
33801 # 420

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

304 E Pine Street FL Lakeland
33801 # 420

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:

Shannen Lasane

New Registered Office Address:

304 E Pine St # 420 Lakeland FL 33801
Enter Florida street address

Lakeland Florida 33801
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>
AMBR	Cory Ollins		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cory Ollins		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jalisa Carr	304 E Pine Street #420 Lakeland FL 33801	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jalisa Carr		<input checked="" 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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please remove the name Cory Collins
off of this current articles.

E. Effective date, if other than the date of filing: _____ (optional)

(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).

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _____, 2022.



Signature of a member or authorized representative of a member

Shannen Lasane

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2023

SHANNEN LASANE
304 E PINE ST
LAKELAND, FL 33801

SUBJECT: TIER 1 HOME HEALTH LLC
Ref. Number: L21000012935

We have received your document for TIER 1 HOME HEALTH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 023A00002374

FEB 21 2023



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2023

SHANNEN LASANE
304 E PINE ST
LAKELAND, FL 33801

SUBJECT: TIER 1 HOME HEALTH LLC
Ref. Number: L21000012935

We have received your document for TIER 1 HOME HEALTH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

YOU HAVE NO ADDRESS FOR THE AUTHORIZE PERSON(S) YOUR ADDING.

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) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 823A00004904

