12/19/23, 9:18 AM

Division of Corporations

## Plorida Department of State Division of Corporations of Blectronic Fring Gover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		
	AUGI COO.		

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FILLED WITH LOVE HOME HEALTH, LLC

# Certificate of Status Certified Copy Page Count Estimated Charge

DEFACTMENT OF STATE ONLY SISS OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

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\$25.00

To:

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILLED WITH LOVE HOME HEALTH, 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 01/19/2021 and assigned Florida document number 1.21000014316
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Linbility Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST RE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:  Buter Florida street address
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>	Address	Type of Action
AMBR	ADA MARGARITA TAPIA	190 NW 14 STREET	□Add
		HOMPSTEAD, FL 33030	□Remove
			■Change
<u>ам</u> вк	VICTOR ORLANDO IZQUERDO	190 NW 14 STREET	≅Add
		HOMPSTEAD, FL 33030	□Remove
			DChange
AMBR	YISET LAMBUREN	190 NW 14 STREET	□Add
		HOMESTEAD, FL 33030	■Remove
	•		□Change
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From: Yanet Avila

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ffecti	ve date, if other than the date of filing:
an effi ote:	ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocum	ent's effective date on the Department of State's records.
record l is fil	I 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
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ated .	Acts Mark 2010 Tradis (Dect 15, 2023 13:20 ES.T)
Dated _	Arta Margania Tapia (Dec 15, 2023 13-20 EST)  Signature of a member or authorized representative of a member