

L21000077322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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2021 JUN -1 PM 4:17

SECRET
TALLAHASSEE, FL

May 17, 2021

YASHEMABETH FORTH
2019 OYSTERWOOD LANE
PALM BEACH GARDENS, FL 33410

SUBJECT: STAY HOME NURSING CONCIERGE LLC
Ref. Number: L21000077322

We have received your document for STAY HOME NURSING CONCIERGE 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.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Summer Chatham
OPS

Letter Number: 021A00010291

2021 JUN -1 PM 4:32

-11-11-21

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Stay Home Concierge 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 01/2021 and assigned Florida document number L21000077322.

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 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)

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:

Yashemabeth Forth

New Registered Office Address:

2019 Oysterwood Lane

Enter Florida street address

Palm Beach Gardens

Florida 33410

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>
MGR	Angela Mason-Elliott	5016 Laurel Oak Dr	<input type="checkbox"/> Add
		Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Yashemabeth Forth	2019 Oysterwood Lane	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens, FL 33410	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

On the Initial application I wanted my mother Angela Mason-Elliott as a representative only to conduct business on my behalf. However, I was informed that Mrs Angela Mason-Elliott was listed as the owner. I am requesting her name be remove from the business entirely. Stay Home Nursing Home Concierge LLC, has one owner which is me Yashemabeth Forth. I am amending the document to have her name remove effectively immediately.

Best Regards.

E. Effective date, if other than the date of filing: 02/15/2021 **(optional)**

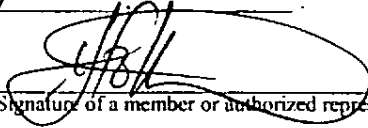
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

05/25/21


Signature of a member or authorized representative of a member

Yashemabeth Forth

Typed or printed name of signee

2021 JUN - 8 4:30 PM
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stay Home Nursing Concierge, 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:

Yashemabeth Forth

Name of Person

Stay Home Nursing Concierge, LLC

Firm/Company

2019 Oystwerwood Lane

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

Yashemabeth@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yashemabeth Forth

561 808 3738
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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

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