

h 21 000 107 057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

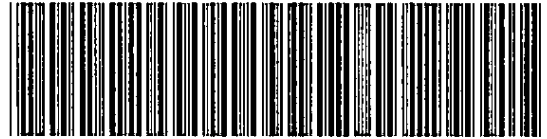
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03/09/22--01009--017 **35.00

FILED
2022 APR 18 PM 4:20
CLERK OF COURT
JULIA A. BROWN

Name Change

MAY - 9 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D+A Homehealth Agency
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:

Jamera White
Name of Person

434 Luna Bella Ln #224
Firm/Company
Address

New Smyrna Beach FL 32168
City/State and Zip Code

jamera-white@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamera White at (386) 576-6050
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 APR 18 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FL

March 29, 2022

JAMERA WHITE
431 LUNA BELLA LN #224
NEW SMYRNA BEACH, FL 32168

SUBJECT: D & A HOMEHEALTH AGENCY LLC
Ref. Number: L21000107057

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

It appears that this document is missing page 2

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.

TERARRA A SIMMONS
OPS

Letter Number: 322A00007302

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

D+A Homehealth Agency

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

FILED
JAN 18 2021
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/05/2021 and assigned
Florida document number 21000107057

This amendment is submitted to amend the following:

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

Abundance of Love Home Care LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

434 Luna Bella Lane #224
New Smyrna Beach, FL 32168

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:

Enter Florida street address

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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 _____,

Signature of a member or authorized representative of a member

James White type

Typed or printed name of signee