

K21 000122983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

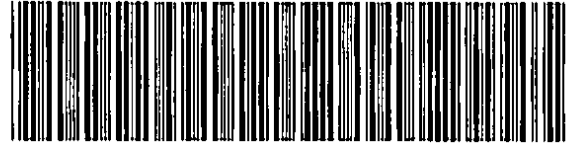
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 20 2022

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Health Care With A Purpose

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:

Chim Natasha Jordan

Name of Person

Your Residential Care Consultant's

Firm/Company

21051 S.W. 128th Court

Address

Miami, Florida 33177

City/State and Zip Code

SimplyJordans@gmail.com

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

For further information concerning this matter, please call:

Chim Natasha Jordan

305

772-4157

at (_____) _____

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

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

This amendment is submitted to amend the following:

Your Residential Care Consultant's "LLC"

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

21051 S.W. 128th Court

Miami, Florida 33177

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Civ

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

Item	Category	Value	Unit	Notes
1	1	10	kg	
2	2	20	kg	
3	3	30	kg	
4	4	40	kg	
5	5	50	kg	
6	6	60	kg	
7	7	70	kg	
8	8	80	kg	
9	9	90	kg	
10	10	100	kg	
11	11	110	kg	
12	12	120	kg	
13	13	130	kg	
14	14	140	kg	
15	15	150	kg	
16	16	160	kg	
17	17	170	kg	
18	18	180	kg	
19	19	190	kg	
20	20	200	kg	
21	21	210	kg	
22	22	220	kg	
23	23	230	kg	
24	24	240	kg	
25	25	250	kg	
26	26	260	kg	
27	27	270	kg	
28	28	280	kg	
29	29	290	kg	
30	30	300	kg	
31	31	310	kg	
32	32	320	kg	
33	33	330	kg	
34	34	340	kg	
35	35	350	kg	
36	36	360	kg	
37	37	370	kg	
38	38	380	kg	
39	39	390	kg	
40	40	400	kg	
41	41	410	kg	
42	42	420	kg	
43	43	430	kg	
44	44	440	kg	
45	45	450	kg	
46	46	460	kg	
47	47	470	kg	
48	48	480	kg	
49	49	490	kg	
50	50	500	kg	
51	51	510	kg	
52	52	520	kg	
53	53	530	kg	
54	54	540	kg	
55	55	550	kg	
56	56	560	kg	
57	57	570	kg	
58	58	580	kg	
59	59	590	kg	
60	60	600	kg	
61	61	610	kg	
62	62	620	kg	
63	63	630	kg	
64	64	640	kg	
65	65	650	kg	
66	66	660	kg	
67	67	670	kg	
68	68	680	kg	
69	69	690	kg	
70	70	700	kg	
71	71	710	kg	
72	72	720	kg	
73	73	730	kg	
74	74	740	kg	
75	75	750	kg	
76	76	760	kg	
77	77	770	kg	
78	78	780	kg	
79	79	790	kg	
80	80	800	kg	
81	81	810	kg	
82	82	820	kg	
83	83	830	kg	
84	84	840	kg	
85	85	850	kg	
86	86	860	kg	
87	87	870	kg	
88	88	880	kg	
89	89	890	kg	
90	90	900	kg	
91	91	910	kg	
92	92	920	kg	
93	93			

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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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00