

L21000136108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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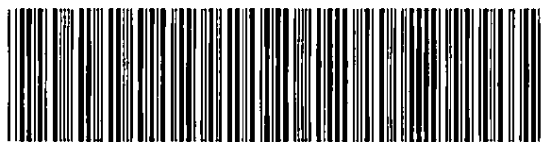
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home Help & Health By Recharged 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:

Susan L. St. John, Esq.

Name of Person

Garfunkel Wild, PC

Firm/Company

401 E. Las Olas Blvd., Ste. 1423

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

sstjohn@garfunkelwild.com

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

For further information concerning this matter, please call:

Susan L. St. John, Esq.

at (754)

228-3853

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**

Home Help & Health By Recharged 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 3/23/2021 and assigned
Florida document number L21000136108.

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)

c/o Mina Healthcare Solutions, LLC

PO Box 879

Eatontown, NJ 07724

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

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	Cynthia L. Tieche	2165 SW 80th Street	<input type="checkbox"/> Add
		Ocala, FL 34476	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Steve C. Tieche	2165 SW 80th Street	<input type="checkbox"/> Add
		Ocala, FL 34476	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Mina Healthcare Solutions, LLC	PO Box 879	<input checked="" type="checkbox"/> Add
		Eatontown, NJ 07724	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maged Rafla	PO Box 879	<input checked="" type="checkbox"/> Add
		Eatontown, NJ 07724	<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

ending any other information, such as:

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.

Maged Rafla, Manager

Filing Fee: \$25.00