121000172436

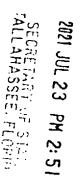
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

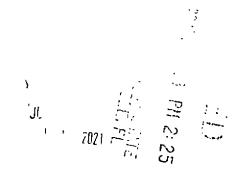
Office Use Only



900369557729

07/23/21--01007--018 **25.00





Smith css entialhome care quail. com E-mail address: (to be used for future annual report notification)

τ _{0:}	COVER LETTER
Registr Div is io	ation Section Corporations
SUBJECT:	Smith Essential Home Care LLC / Kenyani needs to Name of Limited Liability Company be Added as a member
The enclosed a	
lla muno.	ticles of Amendment and fec(s) are submitted for filing. Correspondence concerning this matter to the following:
	Kenyan Sm. HI / Shekevia Sm. H
	Smith Essential Homecare LLC Firm/Company
	6400 MANATER AVE W. Suite L- 125
	Brudenton FL 34209 City/State and Zip Code

For further info-

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smith Essental Homeca (Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.)
(Name of the Limited Limited Limited	Liability Company)
The Articles of Organization of the Limited Liability Company	were filed on April 13. 2021 and assigned
Florida document number 12100017242Xa	
amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lish	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" of the above visition
Enter new principal offices address, if applicable:	Louis Manatel Ave. IN.
(Principal office address MUST BE A STREET ADDRESS)	Suite L. 125
	Suite L-125 Bradenton, FL 34209
Enter new mailing address, if applicable:	10400 MANATER AVE. W
Mailing 44	Suite 1-125
(Mailing address MAY BE A POST OFFICE BOX)	Bradenton, FL 34209
	bradenton, FL 37201
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	
Name of New Registered Agent: Kenys	AN Smith (Same NOT DOW)
New Registered Office Address:	
New Registered Quarter	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 provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions of all statutes relative to the project the obligations of my position as registered agent as	performance of my duties, and I am familiar with and
	· · · · · · · · · · · · · · · · · · ·
company has been notified in writing of	
being filed to merely reflect a change in the registered office being filed to merely reflect a change in the registered office being filed to merely reflect a change in the registered office being filed to merely reflect a change in the registered office being filed to merely reflect a change in the registered office being filed to merely reflect a change in the registered office being filed to merely reflect a change in the registered office being filed to merely reflect a change in the registered of the being filed to merely reflect a change in the registered of the being filed to merely reflect a change in the registered of the being filed to merely reflect a change in the registered of the being filed to merely reflect a change in the registered of the being filed to merely reflect a change in the registered of the being filed to merely reflect a change in the registered of the being filed to merely reflect a change in the registered of the being filed to the registered of the registered of the being filed to the registered of the regi	7: 25 Z

MGR = AMBR	Manager Authorized Member		
Title	Name	Address	Type of Action
AMBR	Kenyan Smith	5335 31st Cir. E unit	CDAdd
		202 Bradentow, 7L 3420	3 □Remove
_			Change
AMBR	Shekara Smith	5003 20th St W. Brackent	DO DA Add
		7L 34207 Unit B	🗆 Remove
			Change
	-		🗆 Add
			□ Remove
			DChange
	-		C Add
			□Remove
			Change
			DAdd
			□Remove
			Change
	<u> </u>		CIAdd
			DRemove
			Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Change	Address 40 6400 MANATER AVE LD	·
suite	L.125, Brackenton 7L 34209	
Change	Phone # to 941.208.2820	
ctive date, if effective date is left the date in ment's effective	other than the date of filing:) ;) Pursuant to 60 ; will not be lis
	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) T	he 90th day aft
	21. 2021	.)
d	Signature of a member of authorized representative of a member	<u> </u>

Filing Fee: \$25.00