

K21000183900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

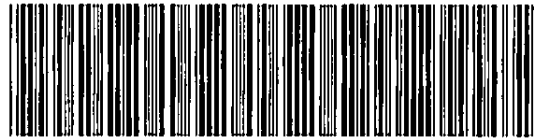
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800367397308

11-07-21 15:10:12 101 1025.00

FILED
2021 AUG 18 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FL

Handwritten signature and date 8/18/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2021

JENNIFER S POST
2508 SPRING HARBOR CIR
APT 3
MT DORA, FL 32757

SUBJECT: ALWAYS BEST CARE HOME HEALTH SERVICES LLC
Ref. Number: L21000183900

We have received your document for ALWAYS BEST CARE HOME HEALTH SERVICES 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 form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 421A00015180

RECEIVED
AUG 16 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALWAYS BEST CARE HOME HEALTH SERVICES 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:

JENNIFER S POST

Name of Person

Firm/Company

2508 SPRING HARBOR CIR APT 3

Address

MT DORA FL 32757

City/State and Zip Code

THEQUALITYGROUPLLC@GMAIL.COM

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

SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG 18 PM 4:02

FILED

For further information concerning this matter, please call:

JENNIFER S POST

352

409-4295

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

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

ALWAYS BEST CARE HOME HEALTH SERVICES 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 APRIL 19, 2021 and assigned
Florida document number L21000183900.

This amendment is submitted to amend the following:

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

ALWAYS BEST CARE HOMEMAKER AND COMPANION SERVICES LLC

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)

2508 SPRING HARBOR CIR APT 3

MT DORA FL 32757

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2508 Spring Harbor Cir Apt 3
MT DORA FL 32757

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

FILED
2021 AUG 18 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2021 AUG 18 PM 4:02
SECRETARIAT OF STATE
TALLAHASSEE, FL

FILED
2021 AUG 18 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FL

(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

5.
JENNIFER POST

Typed or printed name of signee