

L21000192150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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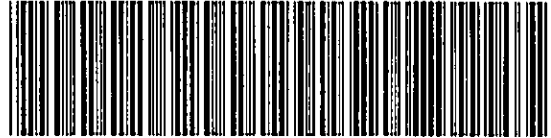
(Business Entity Name)

(Document Number)

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10/29/21

T.A.S

FILED
TALLAHASSEE, FLORIDA

2021 OCT 18 AM 8:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: United Home HealthCare Agency 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:

Maurilus Jean Baptiste

Name of Person

United Home HealthCare Agency LLC

Firm/Company

3986 NW 19th Street

Address

Lauderhill Florida 33311

City/State and Zip Code

uhhcagency@gmail.com

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

For further information concerning this matter, please call:

Maurilus Jean Baptiste

954

2132709

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**

United Home HealthCare Agency 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 04/26/2021 and assigned
Florida document number L21000192150.

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:

3986 NW 19th Street Lauderhill Florida 33311

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

PO BOX : 8926 Fort Lauderdale Florida 33310

(Mailing address MAY BE A POST OFFICE BOX)

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:

MJB Executive Center Inc

New Registered Office Address:

3986 NW 19th Street

Enter Florida street address

Lauderhill

Florida 33311

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>
P	JEAN VAPTISTE MAURILUS	3974 INVERRARY DR LAUDERHILL, FL 33319	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	JEAN BAPTISTE MAURILUS	3974 INVERRARY DR LAUDERHILL, FL 33319	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2021 OCT 18 AM 8:50
SECURITY
FALL HARBOR, FL 33901

2021 OCT 18 AM 8:50
SEPOL N 4112 Nite
TILDAUSSE FLORID

2021 OCT 18 AM 8:50
SOUTH BAY
SOUTH BAY

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.

Dated 10/12/2021

[Signature]
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Maurilus Jean Baptiste

Typed or printed name of signee