## 121 000 210 703

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distant

Division of Corporations
SUBJECT: Linda's Homemaker & Companion Service, We 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:
Linda E Wynn Name of Person
Linda's Homemaker & Companion Service, UC
1178 Lake Lucerne Cr Fith \$1.26 Address
Winter Springs, Harida 32708 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Linda E. Wynn at (864) 523-3001  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square \\$30.00 Filing Fee & \square \\$55.00 Filing Fee & \square \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

TO:

**Registration Section** 

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

Linda's Home maken & (Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)
`	npany were filed on May 0.5 222 and assigne
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l 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:	1198 lake lucerne CR.
(Principal office address MUST BE A STREET ADDRES	1198 lake lucerne CR. Uniter Gangs, Harita
	3270
Enter new mailing address, if applicable:	Winten Spring 71 3270
(Mailing address MAY BE A POST OFFICE BOX)	Winter Springs 71 3270
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, enter the name of the new r
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered A	•
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this capacity. I further agree to comply plete performance of my duties, and I am familiar with at as provided for in Chapter 605, F.S. Or, if this docum
ī	f Changing Registered Agent, Signature of New Registered Agent

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
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		Donnell 1198 Lake Lucan Winter Springs, 7	700ila 32708 □Remove
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