L21000219402

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COVER LETTER

TO:

Registration Section

Division of C	orporations		
CLIDARIOTE	ALTERS HOME CARE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	
	pondence concerning this matter	· ·	
	JOAN W WEST		
		Name of Person	-
	JOAN WALTETS HOME	ECARE LLC	
		Firm/Company	
	260 SW 56TH AVE APT	211	
		Address	<u></u>
	MARGATE, FLORIDA 3	33068	
		City/State and Zip Code	
	JOANWWALTERS@GM E-mail address:	AIL.COM (to be used for future annual report not	itication)
For further information	concerning this matter, please o	·	· ·
JOAN W WEST		561 997-4146	
Name	of Person	at ()	ne 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOAN WALTERS HOME CARE		
(<u>Name of the Lim</u>	nited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited	Liability Company were filed on	05/11/2021 and assigned
Florida document number L21000219402		
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
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 appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		
Enter new mailing address, if applicable:		(,)
Mailing address MAY BE A POST OFFICE		
Paring Lauress Will DE A LOST OF THE	<u></u>	
		- 17: 23
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on our i ess here:	records, enter the name of the new regist
Name of New Registered Agent:	JOAN W WEST	
New Registered Office Address:	260 SW 56TH AVE APT 211	
•	Enter Flo	rida street address
	MARGATE	, Florida 33068
	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>	Address	Type of Action
MGR	JOAN W WEST	260 SW 56TH AVE APT 211	□Add
		MARGATE, FL 33068	□Remove
			≅Change
*			□Add
			□Remove
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			□Change
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			□Add
			Remove
			☐ Change
			□Add
			□Remove
			∏Change

WOULD LIKE THE NAME TO	REFLECT MARRIED NAME		
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ote: If the date inserted in this block	specific and cannot be prior to date of filin does not meet the applicable statutor	(optional) g or more than 90 days after filing.) Per v filing requirements, this date wil	rsuant to 605.0207 I not be listed as
ocument's effective date on the Depar	rtment of State's records.		
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is filed.		a.m. on the carnet of. (b) The 9	. 3
record specifies a delayed effective da is filed. MAY 11 nted	2023	a.m. on the carnet of. (b) The 9	Oth day after the
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Filing Fee: \$25.00