## L21000266309

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06/05/24--01007--012 #25.00,.



## **COVER LETTER**

TO: Registration So Division of Con					
	HOMECARE LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	PORTAL, INDIRA				
		Name of Person	<del></del>		
	ALLCARE HOMECARE	LLC			
Firm/Company					
	970 PINE HILL RD				
		Address			
	PALM HARBOR, FL 346	83			
	<del></del>	City/State and Zip Code			
	ALLCARETAMPA@GMA				
		to be used for future annual report notif	fication)		
For further information c	concerning this matter, please c	all:			
PORTAL, INDIRA		813 382-4111			
Name of Person		at () Area Code Daytime	e Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	S30.00 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		Street Address:			
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 632		The Centre of T	•		
Tallahassee	FL 32314	2415 N. Monros	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLCARE HOMECARE 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  $\frac{06/07/2021}{1}$ and assigned Florida document number L21000266309 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

## 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.

City

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

Title	<u>Name</u>	Address	Type of Action
MGR	RAJPUT, MAHENDER	970 PINE HILL RD, PALM HARBOR, FL 34683	□Add
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mand ananifas a dalamad aft		scuve time, at 12:01 a.m	. on the earner of: (n)	ane 90th day after the
s filed.				
cord specifies a delayed eff is filed. ted May 15th	. 202-	4 or authorized representativ		

Filing Fee: \$25.00