

h21000269641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

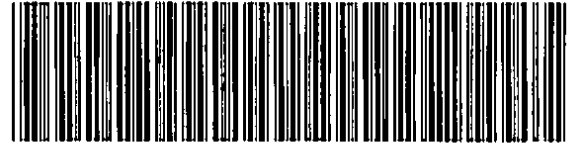
(Document Number)

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04/18/22--01039--009 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2022 JUN 17 PM 4:17

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JUN 17 AM 8:08

SECTION 1007
TALLAHASSEE, FL

June 6, 2022

MARIA HENRY
3408 E 28TH AVE
TAMPA, FL 33605

SUBJECT: ESSENTIALLY YOURS HEALTHCARE LLC
Ref. Number: L21000269641

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Entity conflict is P08000093415 - SAFE & SOUND INC. You must submit all pages for filing. Page 2 is missing. All pages must be submitted in order to file the document.

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) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 922A00012648

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: essentially yours Healthcare 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:

Maria Henry
Name of Person

essentially yours Healthcare LLC
Firm/Company

3408 E 28th Ave
Address

Tampa, FL 33605
City/State and Zip Code

nurse maria1001@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Henry at (813) 564-7030
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

Essentially Yours Healthcare LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

JUN 17 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 6/9/21 and assigned
Florida document number L21000269641

This amendment is submitted to amend the following:

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

Safe and Sound ~~III~~ Concierge 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)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

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[illegible]

(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.

Dated April 15, 2022.

Mapia Henry
Signature of a member or author

Signature of a member or authorized representative of a member

Maria Henry
Typed or printed name of

Typed or printed name of signee