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(City/State/Zip/Phone #)

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2021 SEP -3 AM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/15/2021
JH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Love Life Home Care 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:

Sharon Ocasio
Name of Person

Firm/Company

10604 Juliano DR.
Address

Riverview FL 33569
City/State and Zip Code

csdjj1507@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Ocasio at (813) 380-7219
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

2021 SEP -3 AM 5:00

Love Life Home Care

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/10/21 and assigned
Florida document number L21000271215

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:

(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

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>
AMBR	Carlos m Ocasio	10604 Julian Dr.	<input type="checkbox"/> Add
		Riverview Fl. 33569	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Desiree N Lopez	10604 Julian Dr.	<input type="checkbox"/> Add
		Riverview Fl. 33569	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jaquesa D Oquendo	10604 Julian Dr.	<input type="checkbox"/> Add
		Riverview Fl. 33569	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Justoni S Ocasio	10604 Julian Dr.	<input type="checkbox"/> Add
		Riverview Fl. 33569	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sharon Ocasio	10604 Julian Dr.	<input checked="" type="checkbox"/> Add
		Riverview Fl. 33569	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on the document's effective date on the Department of State's records

Dated 8/3/2021, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee