

h21 000325354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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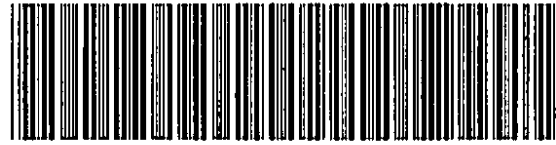
(Business Entity Name)

(Document Number)

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2022 AUG 29 AM 8:22
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A. BUTLER

DEC - 3 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aurora Home 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:

Stephanie Goebel

Name of Person

ZenBusiness Inc.

Firm/Company

5511 Parkcrest Drive, Ste. 103

Address

Austin, TX 78731

City/State and Zip Code

fulfillment@zenbusiness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Goebel c/o ZenBusiness Inc.

844 493-6249

at ()

Name of Person

Area Code

Daytime 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)

☐ \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Aurora Home Healthcare LLC

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

FILED
2022 AUG 29 AM 8:26

TALLAHASSEE
STATE
and assigned

The Articles of Organization for this Limited Liability Company were filed on 07/16/2021

Florida document number 121000325354

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:

1844 SE PORT ST LUCIE BLVD Port St. Lucie, FL 34952

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1844 SE PORT ST LUCIE BLVD Port St. Lucie, FL 34952

(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

Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sol Holmes		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1844 SE PORT ST LUCIE BLVD Port St. Lucie, FL 34952	<input checked="" type="checkbox"/> Change
AMBR	Phyllis Holmes		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1844 SE PORT ST LUCIE BLVD Port St. Lucie, FL 34952	<input checked="" type="checkbox"/> Change
AMBR	Brenda Holmes		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1844 SE PORT ST LUCIE BLVD Port St. Lucie, FL 34952	<input checked="" type="checkbox"/> Change
AMBR	Wayne Holmes		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1844 SE PORT ST LUCIE BLVD Port St. Lucie, FL 34952	<input checked="" type="checkbox"/> Change
AMBR	Jennifer C Quest	1844 SE PORT ST LUCIE BLVD Port St. Lucie, FL 34952	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(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 as the document's effective date on the Department of State's records.

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 August 22, 2022

/s/ Brenda Holmes

Signature of a member or authorized representative of a member

Brenda Holmes

Typed or printed name of signee