

L21000369500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

2023 AUG 14 PM 12:59

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Miami Special 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:

Susana Varquez  
Name of Person  
Miami Special Home Care, LLC  
Firm/Company  
8415 SW 107 Ave # 235 W  
Address  
Miami FL, 33173  
City/State and Zip Code  
mspecialcare@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susana Varquez at (786) 278 07 20  
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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

already  
paid.  
and  
cash out.  
on  
5/31/23  
amount  
\$52.50.  
check # 259.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 27, 2023

SUSANA VAZQUEZ  
8415 SW 107 AVE #235 W  
MIAMI, FL 33173

SUBJECT: MIAMI SPECIAL HOME CARE, LLC  
Ref. Number: L21000369500

We have received your document for MIAMI SPECIAL HOME CARE, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 823A00016859

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2023 AUG 14 PM 12: 59

Miami Special Home Care, LLC

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

ONE HART OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/15/2023 and assigned  
Florida document number L 21000369500

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8415 SW 107 Ave

# 235 W

Miami FL, 33173

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8415 SW 107 Ave

# 235 W

Miami FL, 33173

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:

N/A

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.*

N/A

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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

N/A.

2023 AUG 14 PM 12:59  
OFFICE OF THE  
CLERK OF THE  
TALLAHASSEE, FLORIDA

FILED

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

8/7/2023

Signature of a member or authorized representative of a member

Susana Vazquez

Typed or printed name of signer

Filing Fee: \$25.00