

L21 900384621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

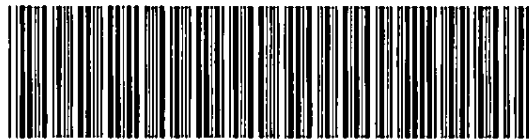
(Document Number)

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22 NOV 18 PM 12:48  
DIVISION OF CORPORATIONS  
STATE OF NEW YORK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Loving Arms Home Services 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:

Cathie Oliver

Name of Person

Loving Arms Home Services LLC

Firm/Company

1310 S. W. 6th Way

Address

Deerfield Beach, Florida 33441

City/State and Zip Code

info@lovingarmshomecareservices.com

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

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DEPT. OF REVENUE  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Cathie Oliver

561

305-8511

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 10, 2022

CATHIE OLIVER  
1310 S.W. 6TH WAY  
DEERFIELD BEACH, FL 33441

SUBJECT: LOVING ARMS HOME SERVICES LLC.  
Ref. Number: L21000384621

22 NOV 18 PM 12:48  
DIVISION OF CORPORATIONS

We have received your document for LOVING ARMS HOME SERVICES LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall  
OPS Clerk

Letter Number: 322A00022642

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

Loving Arms Home Services LLC

2022 NOV 18 PM 12:51

(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 August 27, 2021 and assigned  
Florida document number L21000384621.

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)**

980 North Federal Highway Suite 110

Boca Raton

Florida 33432

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

980 North Federal Highway Suite 110

Boca Raton

Florida 33432

**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:

Cathie Oliver

New Registered Office Address:

1310 S.W. 6th Way

Enter Florida street address

Deerfield Beach

Florida

33441

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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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


22 NOV 18 PM 12:49  
DIVISION OF CORPORATION

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 July 14, 2022  
  
Signature of a member or authorized representative of a member

Cathie Oliver

Typed or printed name of signee