

L21000 384 621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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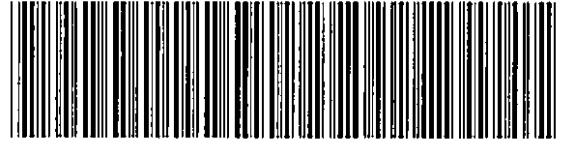
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL
2024 DEC -3 PM 11:30

12/11/24

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

P.O. BOX 5331, 2091 N. E. 36TH STREET

Address

LIGHTHOUSE POINT, FLORIDA 33064

City/State and Zip Code

CATHIEO4797@GMAIL.COM

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

FILED
2024 DEC -3 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

CATHIE OLIVER

561

305-8511

Name of Person

at ()

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**

LOVING ARMS HOME SERVICES LLC

(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:

LOVING ARMS HOME CARE 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)

534 NW 3RD AVE

DEERFIELD BEACH, FLORIDA 33441

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 5331

2091 N.E. 36TH STREET

LIGHTHOUSE POINT, FLORIDA 33064

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:

534 N.W. 3RD AVENUE

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

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>
MGR	CATHIE OLIVER		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		P.O. BOX 5331, 2091 N.E. 36TH STREET, FLORIDA/	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00