

h21000430276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

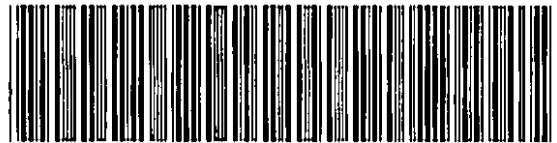
(Business Entity Name)

(Document Number)

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10/22/21--01020--021 **25.00

21 OCT 22 PM 3:36

T. MATTHEWS

NOV - 1 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Care at Home, 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:

Yvonne Barillas

Name of Person

Care at Home

Firm/Company

10564 Espanola Drive

Address

Bonita Springs, FL 34135

City/State and Zip Code

ybarillas@mac.com

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

For further information concerning this matter, please call:

Yvonne Barillas

at (239) 919-6679

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

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

Care at Home, LLC

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(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 10/1/21 and assigned
Florida document number L21000430276.

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:

Care at Home, LLC

(Principal office address MUST BE A STREET ADDRESS)

9990 Coconut Road

Bonita Springs, FL 34135

Enter new mailing address, if applicable:

Care at Home, LLC

(Mailing address MAY BE A POST OFFICE BOX)

9990 Coconut Road

Bonita Springs, FL 34135

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

Title		Name	Address	Type of Action
MGR		Scott M. Winans	10564 Espanola Drive, Bonita Springs, FL 34135	☒ Add
				☐ Remove
				☐ Change
				☐ Add
				☐ Remove
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				☐ Add
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				☐ 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 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 October 18, 2021

Gyonne Barillas
Signa

Signature of a member or authorized representative of a member

Yvonne Barillas

Typed or printed name of signee