

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L22000098128

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
 Account Number : I20090000081
 Phone : (307)200-2803
 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future
 annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INSIGNIA HOME CARE SERVICES LLC

Certificate of Status	0
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Corporate Filing Menu

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

INSIGNIA HOME CARE 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 02/24/22 and assigned Florida document number L22000098128.

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:

4154 Iola Dr

(Principal office address MUST BE A STREET ADDRESS)

Sarasota, FL34231

Enter new mailing address, if applicable:

4154 Iola Dr

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota, FL34231

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

City

Florida

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	Nashera Harris	7901 4TH ST N STE 300	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NASHERA ULLIAN	7901 4TH ST N STE 300	<input type="checkbox"/> Add
		ST. PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jacob Ullian	7901 4TH ST N STE 300	<input type="checkbox"/> Add
		ST. PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated 12/21, 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00