5/2/22, 11:03 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Phone	:	REGISTERED AGENTS 120090000081 (307)200-2803 (855)330-1010	IN
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.

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Email Address:__

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CREATION HOMECARE LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Creation Homecare 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 L22000100063

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."

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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	Registered Agents Inc.	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	7901 4th St NSTE 300	·		
New Registered Office / Halless	Enter Florida street address			
	St. Petersburg	. Florida 33702		
	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

• •

Title	<u>Name</u>	Address	Type of Action
AMBR	Gladisse Telusme	30019 bermuda dunes way	∕ l K Add
		wesley chapel, FL 33543	B Remove
			_ 🗆 Change
AMBR	Pierre A. Belzi	30019 bermuda dunes way	/XIAdd
		wesley chapel, FL 33543	_ 🗆 Remove
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			- Remove 2022 HAY - 2
			□Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 05/02	2022	
Rilu	Park nature of a member or authorized representative of a member	
Riley Park	Typed or printed name of signee	<u> </u>
	Typed or printed name of signed	

Filing Fee: \$25.00