

L22000247703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

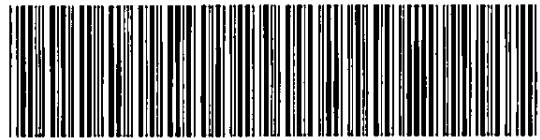
(Business Entity Name)

(Document Number)

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R. HUNT
04/04/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROCARE IN-HOME HEALTH 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:

Mikel Ervin

Name of Person

Firm/Company

1111 High Rd Suite A306

Address

Tallahassee, FL 32304

City/State and Zip Code

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

For further information concerning this matter, please call:

Kenneth Robertson

954 303-2184

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

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TALLAHASSEE, FL

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

PROCARE IN-HOME HEALTH 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 05/31/2022 and assigned
Florida document number L22000247783.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Pool Boy Mafia 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)

3708 Randall Street

Tallahassee, FL 32309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3708 Randall Street

Tallahassee, FL 32309

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:

Kenneth Robertson

New Registered Office Address:

1834 Jackson Bluff Rd Apt D7

Enter Florida street address

Tallahassee

, Florida 32304

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	Chelsea Edler	762 FORGOTTEN CREEK LANE	<input type="checkbox"/> Add
		PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Daniel Diacont	3708 Randall Street	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeffrey Homer Simons	410 Victory Garden Drive Apt 44	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mikel Ervin	1111 High Road Apt A306	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2003 MAR 14 PM 12:45

(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)

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 March 27, 2023

K. Schuman
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kenneth Robertson

Typed or printed name of signee