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(Re	questor's Name)	
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(Bu	isiness Entity Name)
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Certified Copies	_ Certificates o	f Status
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COVER LETTER

I'O: Registration Section Division of Corporations
SUBJECT: ROTOICE Open Arms Home health UC 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:
Berngfeth A Mrcks-Toynek
6039 W/Sch BLVd
Bernad He Joyner D Rojoice open arms E-mail address: (to be used for future annual report notification) Home health. Com
Benna de Herson Name of Person For further information concerning this matter, please call: Area Code Daytime Telephone Number
Enclosed is a check for the following amount: Section Section
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

0	F	
Rojoice Of the Limited Liability Compa (A Florida Limited L	2ms Homehea/ ny as it now appears on our records.) Liability Company)	HILLC"
The Articles of Organization for this Limited Liability Company Florida document number <u>22200310</u> 82	were filed on $\frac{\int U/y}{J} \frac{12}{J} \frac{2032}{J}$) and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	8031 Pilso	<u>13/10</u>
(Principal office address MUST BE A STREET ADDRESS)	Jax H 322	10
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of	of the new registered
New Registered Office Address: 8059	Enter Florida street address	2 7 2 1 X
	City , Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u> </u>	
I be made a secret the apprintment on revisitored agent and no	ree to act in this canacity. I further gore	e to comply with the

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>	Address	Type of Action
AMBR	Begnalde	8037 Wilson	Add
	A MEEKS JOYNER	8037 WILSON	□Remove
		Jax 7 3221	
			□Add
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			□ Remove
			□Change

		
Sote: If the date ins	ther than the date of filing:	020 <u>7</u> d as
record specifies a d d is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated <u>& & -</u>	12022	
-	Signature of a reember or explorized representative of a member	

Filing Fee: \$25.00