

L23000063492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

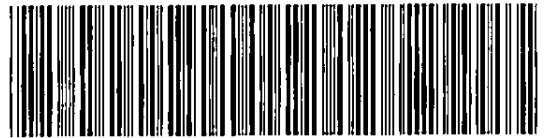
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

2023 APR 21 AM 9:05

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRESTIGE COMFORT HOME HEALTH CARE, 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:

ALEXIA DURHAM

Name of Person

PRESTIGE COMFORT HOME HEALTH CARE, LLC

Firm/Company

7349 STELLA LANE

Address

LAKE WORTH, FLORIDA, 33463

City/State and Zip Code

alexia_durham@hotmail.com

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

For further information concerning this matter, please call:

ALEXIA DURHAM

561 410-6677

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

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

PRESTIGE COMFORT HOME HEALTH CARE, 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 FEBRUARY 3RD 2023 and assigned
Florida document number L23000063492

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:

(Principal office address MUST BE A STREET ADDRESS)

7349 STELLA LANE

LAKE WORTH, FLORIDA 33463

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7349 STELLA LANE

LAKE WORTH, FLORIDA 33463

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TALLAHASSEE, FL

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:

ALEXIA DURHAM

New Registered Office Address:

7349 STELLA LANE

Enter Florida street address

LAKE WORTH

City

, Florida 33463

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	NAT SMITH	NORTHWEST REGISTERED AGENT	<input type="checkbox"/> Add
		7901 4TH ST N STE 300, ST PETERSBUR	<input checked="" type="checkbox"/> Remove
		FLORIDA 33702	<input type="checkbox"/> Change
MGR	ALEXIA DURHAM	7349 STELLA LANE	<input checked="" type="checkbox"/> Add
		LAKE WORTH FLORIDA, 33463	<input 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"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated 4/20/23 .

ALEXIA DURHAM

Typed or printed name of signee