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:

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 ্ৰেnnual report mailings. Enter only one email address please.**

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Email	Address:			
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ELLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUBILEE PROFESSIONAL HOME CARE SERVICES, LLC:

Certificate of Status	0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$25.00	

T. LEMIEUX

APR 2 1 2023

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jubilee Professional 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 03/27/23	and	assigne	d
Florida document number L23000151815				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office	address on our records, enter the na	metof the 1	iew reg	gistere
agent and/or the new registered office address here:		•	2023	
			":	
Name of New Registered Agent:			5 110	
Nov. 10 - 10 - 1065 - 111			င်	, <i>i</i>
New Registered Office Address:	Enter Florida street address		7	C -
		-	2	
	, Florida			
	City	. Zip Coc	100 an	
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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Lowers, Elaine	7901 4th St N STE 300	∑]Add
		St. Petersburg FL 3370	2 CiRemove
			□Change
AMBR	Hylyon, Nicole	7901 4th St N STE 300	X)Add
		St. Petersburg FL 33702	□Remove
			□Change
MGR_	Jackson, Denise	7901 4th St N STE 300	⊠ Add
		St. Petersburg, FL 33702	□Remove
			□.Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			Change
			□Add
			□Remove

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vote: It inc	ate, if other than the didate is listed, the date must hid date inserted in this bloc effective date on the Dep	k does not meet the app	dicable statutory ith	(option (option) (opt	nal) iting.) Pursuant to 605,0207 (. date will not be listed as th
record spec I is filed.	rifies a delayed effective o	late, but not an effective	e time, at 12:01 a.in	on the earlier of: (b)	The 90th day after the