L23000299309

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	





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SUB-IDOT	SACRED F	IEART HOME HEALTHCAR	RE. LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return a	all correspo	ondence concerning this matter	to the following:	
		TYRON M STEELE		2024 SEP -6 SECRETARY TALLAND
			Name of Person	SEP
		SACRED HEART HOME	HEALTHCARE, LLC	77.37
			Firm/Company	86 F
		10025 HILLVIEW DR. 42	?	M 9 42
			Address	
		PENSACOLA, FL 32505		
			City/State and Zip Code	
		tsteele@sacredhhs.com		
		E-mail address: (to be used for future annual report no	tification)
For further inf	formation c	oncerning this matter, please c	all:	
Tyron M Stee	le		850 525-5511	
	Name o	f Person	at ()	me Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 Fi	ling 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)
	ing Addres		Street Address: Registration S	ection
		orporations	Division of Co	
	. Box 632		The Centre of	Tallahassee
Tall	ahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Sacred Heart Home Healthcare, LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed or	on 06/21/2023 and assigned
Florida document number L23000299309	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	<u>nv here</u> :
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)	2021 SE
	AND SE TO
	≥A
	<u>\$₹</u> 6 \
Enter new mailing address, if applicable:	Ø 7 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)	The state of the s
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B. If amending the registered agent and/or registered office address on a agent and/or the new registered office address here:	our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
Ent	er Florida street address
	, Florida Zip Code
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

Title	<u>Name</u>	Address	Type of Action
MGR	Myrtle Pugh		□Add
		831 West Jordan Pensacola, Fl 32501	≅ Remove
			□Change
MGR	Angela Davis	2355 W. Michigan Ave. Bldg 30 E,	≣Add
		Pensacola, Ft 32526	□Remove
			Change SECRE AND
			P-6 Remove
			———— □ Add
			Петюче
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change

(Add) MGR: Angela Davis; 2355 M	Michigan Avenue BLDG E	30 Pensacola, Florida 32	526	
				
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tive date, if other than the date	of filing: 09/01/2024		(optional)	
fective date is listed, the date must be sp. If the date inserted in this block donent's effective date on the Departn	ecific and cannot be prior to dat oes not meet the applicable:	e of filing or more than 90 ostatutory filing requirem	lays after filing.) Pursua	ant to 605 of be liste
rd specifies a delayed effective date iled.	, but not an effective time, a	at 12:01 a.m. on the earli	er of: (b) The 90th	day after
01 SEPTEMBER	2024			
Δ Δ.				

Filing Fee: \$25.00