

L23000327086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2023 DEC 12 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FL 32307

FILED

2023 DEC 12 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FL 32307

RECEIVED
DEC 12 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The All Home Health, 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:

Mario Paraison

Name of Person

The All Home health

Firm/Company

1617 hendry St Ste 207

Address

Fort myers, Fl 33901

City/State and Zip Code

marioparaison@gmail.com

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

For further information concerning this matter, please call:

Mario Paraison

239 603-5340
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**

FILED

THE ALL HOME HEALTH LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2023 DEC 12 AM 9:22

The Articles of Organization for this Limited Liability Company were filed on 07/10/2023

SECRETARY OF STATE
TALLAHASSEE and assigned

Florida document number L23000327086

This amendment is submitted to amend the following:

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

ALL HOME HEALTH, 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:

1617 HENDRY ST, STE 207, FORT MYERS, FL 33901

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1617 HENDRY ST, STE 207, FORT MYERS, FL 33901

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

1617 HENDRY ST STE 207

Enter Florida street address

FORT MYERS

City

Florida 33901

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>
owner	Mario Paraisson	1617 Hendry St. STE 207 Fort MYERS, FL 33901	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
owner	Joclene, Jocelyn	1617 Hendry St. STE 207 Fort MYERS, FL 33901	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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)

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.

SS-5-

Typed or printed name of signee