

L23000365511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

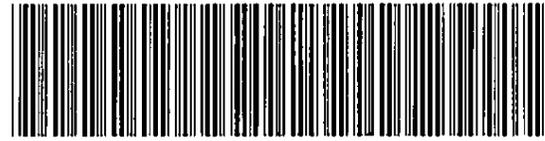
(Business Entity Name)

(Document Number)

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10/23/23--01021--002 **25.00

DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS
2023 OCT 23 PM 12:40

R. HUNT

10/23/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TENDER CRUX HOME HEALTH CARE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EVELYNE KENOL Jules
Name of Person

TENDER CRUX HOME HEALTH CARE
Firm Company

2251 NW 34TH TERRACE
Address

COCONUT CREEK, FL 33066
City State and Zip Code

TENDERCRUXhhc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Evelynne Kenol Jules at (954) 225-3280
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

2023 OCT 23 PM 12:40
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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

TENDER CRUX HOME HEALTHCARE, 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 09-21-2023 and assigned Florida document number 93-3521663.

This amendment is submitted to amend the following:

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

TENDER CRUX HOMECARE, 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:

(Principal office address MUST BE A STREET ADDRESS)

2251 NW 34TH TERRACE
COCONUT CREEK, FL
33066

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2251 NW 34TH TERRACE
COCONUT CREEK, FL
33066

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:

SAME AS PREVIOUS

New Registered Office Address:

Enter Florida street address

City _____ Florida

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

DIVISION OF STATE REGISTRATION
2023 OCT 23 PM 12:40

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

STATE OF TEXAS
DIVISION OF CORPORATE AFFAIRS
OCT 23 4 12 PM '03

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

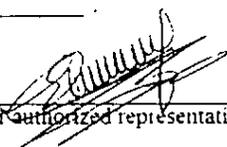
Multiple horizontal lines for amending information.

2023 OCT 23 PM 12:40
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: _____ (optional)
(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.

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.

Dated 10/12/23



Signature of a member or authorized representative of a member

EVELYNE KENOL Jules

Typed or printed name of signee