

L23 000 HHH 703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

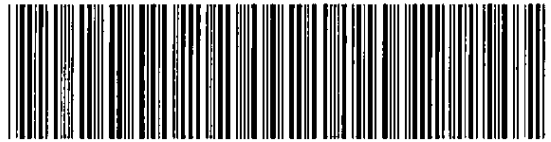
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/20/24--01014--003 **25.00

2024 FEB 20 PM 2:24
FBI - ALBANY

February 16, 2024

To whom it may concern,

As the Director of Nursing for Eagle Eye Home Health Agency LLC, Document Number: L23000444703, I accept the position of Registered Agent. As one of the owners of Eagle Eye Home Health Agency LLC, I am familiar with and accept the obligations of this position.

Regards,

A handwritten signature in black ink, appearing to read "Djanni McMullen".

Djanni McMullen
Director of Nursing

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAGLE EYE HOME HEALTH AGENCY 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:

DJANNI MCMULLEN

Name of Person

EAGLE EYE HOME HEALTH AGENCY LLC

Firm/Company

1341 E. Irlo Bronson Mem.Hwy

Address

Saint Cloud, FL 34771

City/State and Zip Code

dmcmullen@eagleeyehha.org

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

For further information concerning this matter, please call:

DJANNI MCMULLEN

407 791-9162

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**

EAGLE EYE HOME HEALTH AGENCY 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 09/25/2023 and assigned
Florida document number L23000444703.

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)

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DJANNI MCMULLEN

New Registered Office Address:

2911 HARLOW AVENUE

Enter Florida street address

SAINT CLOUD

City

Florida 34772

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.

Djanni McMullen

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	TINA FIGUEROA	3497 BOGGY CREEK RD. KISSIMMEE, FL 34744	<input type="checkbox"/> Add
			<input checked="" 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

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

1001 FEB 20 11 23 AM

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.

(b) The 90th day after the record is filed.

Dated February 16, 2024

Signature of a member or authorized representative of a member

Gianni McMullen

Typed or printed name of signee