

L23 000453370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

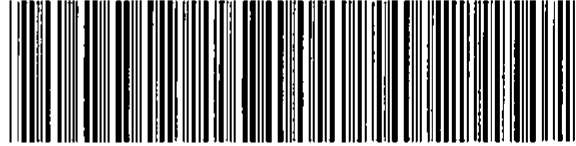
(Document Number)

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JACKSONVILLE, FL

AC

COVER LETTER

Registration Section
Division of Corporations

BERMUDEZ HOME CARE SERVICES LLC

SUBJECT: _____
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:

MAYKEL L BALBOA CARRASCO

Name of Person

BERMUDEZ HOME CARE SERVICES LLC

Firm/Company

5600 NE 4TH AVENUE APT 203

Address

MIAMI, FLORIDA 33137

City/State and Zip Code

ABRITO@ABRITOFINANCES.COM

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

For further information concerning this matter, please call:

MAYKEL L BALBOA CARRASCO

305

690-8676

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

The 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

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2023 NOV 16 AM 11:50
TALLAHASSEE, FL

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

BERMUDEZ HOME CARE SERVICES LLC

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

Articles of Organization for this Limited Liability Company were filed on 10/02/2023 and assigned
Florida document number L23000453370.

This amendment is submitted to amend the following:

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)

1840 WEST 49TH STREET SUITE # 703

HIALEAH, FLORIDA 33012

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

City

Zip Code

By 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

Recommending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

GR = Manager

IBR = 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
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			<input type="checkbox"/> Change

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FBI

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

N/A

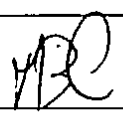
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TALLAHASSEE FL

Effective date, if other than the date of filing: 11/03/2023 (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.

he 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
ord is filed.

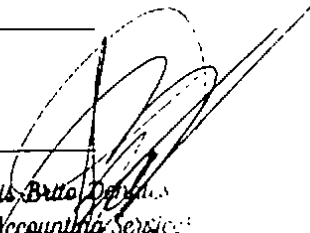
Dated NOVEMBER 3rd 2023



Signature of a member or authorized representative of a member

MAIKEL L BALBOA CARRASCO

Typed or printed name of signee



Aramis Brito Delgado
Public Accounting Services
Notary Public
POB#1143
H17031487