2300

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000051303 3)))



Note: DO NOT hit the REFRESH RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

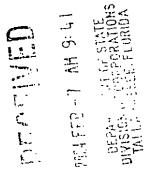
Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

**Enter the email address for this business entity to be used for fullyre annual report mailings. Enter only one email address please. ** r

Email Address:

From: Rajiv Srivaste



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GREAT HOME LIFE CARE LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	855.00

Flectronic Filing Menu Corporate Filing Menu

Help

From: Rajiv Srivasti

COVER LETTER

TO:	Registrati Division o					
SUBJEC	GRE.	AT HO	ME LIFE CARE LLC			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Name of Limi	ited Liability Company		
The encl	osed Artic	les of A	mendment and fee(s) are sub-	mined for filing.		
Please re	etum all co	rrespana	dence concerning this matter	to the following:		
			Cheyonne Moseley			
				Name of Person		
			Legalzoom.com, Inc.			
Firm:Company						
10) N Brand Blvd 11th Fi						
				Addiess		
			Glendale, CA 91203			
	City:State and Zip Code greathomelifecatenursingg@yahoo.com					
				o be used for future annual report	notification)	
For furth	ner informa	ation con	cerning this matter, please ca	dl:		
Cheyenne Moseley		800 773-088	8			
·····	N	Vanie of F	erson		ytime Telephone Number	
Enclosed	l is a check	c for the	following amount:			
□ \$25.	00 Filing F	Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Centified	le of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our record Liability Company)	<u> s.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number 1.23000498855	were filed on 11/02/2023	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company here:		
Great Home Life Care Nursing Agency LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		202	
<u> </u>		ACC TO TO	
		DD appropri	
Enter new mailing address, if applicable:		五 1	
		SSE R	
(Mailing address MAY BE A POST OFFICE BOX)		ي ي	
		<u> </u>	
B. If amending the registered agent and/or registered o		,	
registered agent and/or the new registered office address her	<u></u> :		
Name of New Registered Agent:			
New Registered Office Address:	······································		
	Enter Florida street address		
	, FI	orida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr			
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p			

If Changing Registered Agent, Signature of New Registered Agent

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

= X ₁) (i	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
			Add
			□ Remove
		 	☐ Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			C) Add
			□ Remove
			Change
			D Add
			□ Remove
			☐ Change

• -	, Page: 21 of 26	2024-02-06 15:56 51 PST	13236068205	From: Rajiv :
famen	ding any other informa	tion, enter change(s) here: (Attach a	additional sheets, if necessary.)	
_				

_				
_				
_				
_				<u>.</u>
				
<u>. </u>		- Au un		
fan effec <u>Note:</u> Ti	tive date is listed, the date mus Tthe date inserted in this bl	date of filing: the specific and cannot be prior to date of lilinock does not meet the applicable statutor epartment of State's records.		
The 9	Ooth day after the rec			earlier of:
Fated _	ebruary,5,2024	,,		
	MROU	Signature of a number or authorized represe		
	/	Signature of a number or authorized represe	ntative of a member	
	Manoucheca Rancy			
		Typed or printed name of sig	nec	

To.