

L23000514803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

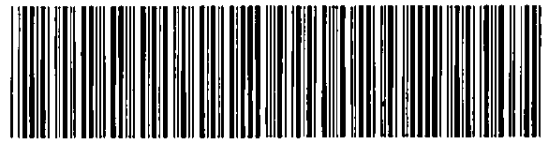
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12/23/24-01/23/25-01/24/25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SARASOTA HOME HEALTH 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:

Luke Anderton

Name of Person

Sarasota Home Health Care Services LLC

Firm/Company

2313 Mizner Bay Ave

Address

Bradenton, FL 34208

City/State and Zip Code

luke.anderton88@gmail.com

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

For further information concerning this matter, please call:

Keenyn Tiland

425

426-9666

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

SARASOTA HOME HEALTH SERVICES 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 11/13/2023 and
assigned Florida document number L23000514803.

This amendment is submitted to amend the following:

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

Bradenton Homecare Services 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)

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:

New Registered Office Address:

Enter Florida street address

_____ 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

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

[illegible]

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

12. Effective date, if other than the date of filing: _____ (optional)
If an effective date is listed, it is based on the specific and timely receipt to date of filing or more than 90 days after filing (in accordance with 105.102) (b)(1).
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as an effective date on the Department of State's records.

If the record specifies a delayed effective date, but no an effective time, it is 2014 or on the date of (b) The 90th day after the record is filed.

Date: 12/12/2024

[Signature]

Signature of a member of the United States Government

Luke Anderson

(Type or print name of signer)

Filing Fee: \$25.00