



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2024

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: DORILUS HOME CARE & COMPANION SERVICES LLC
Ref. Number: L24000044840

We have received your document for DORILUS HOME CARE & COMPANION SERVICES LLC and the authorization to debit your account in the amount of \$60.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P24000035013.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT
Regulatory Specialist III

Letter Number: 324A00014730

2024 JUL 25 AM 10:19

FILED

2024 JUL 25 PM 3:07
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$60.00

AUTHORIZATION SIGNATURE: Jan Yellin
Dorilus Home Care & Companion Services LLC L24000044840
BUSINESS (Name) Document #

Walk in Pick up time
 Mail out Will wait
 Photocopy

Certified copies of:

Certificate of Status

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NEW FILINGS

Profit
 Not for Profit
 Limited Liability
 Domestication
 Other
 LLP

INC

OTHER FILINGS

Annual Report
 Fictitious Name
 APOSTIL () _____
Country

AMMENDMENTS

Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger
 Conversion

REGISTRATION/QUALIFICATIONS

Foreign Filing
 Limited Partnership
 Reinstatement
 Trademark
 Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DORILUS HOME CARE & COMPANION SERVICES 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:

CLAIRCINE DORILUS

Name of Person

Firm/Company

8620 ASHBURY PARK

Address

ORLANDO FLORIDA 32818 SUITE #1

City/State and Zip Code

GLADYSETIENNE@GMAIL.COM

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

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For further information concerning this matter, please call:

CLAIRCINE DORILUS

407 716-7495
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**

DORILUS HOME CARE & COMPANION 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 01/24/2024 and assigned Florida document number L24000044840.

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)

8620 ASHBURY PARK

ORLANDO FL 32818 SUITE 1

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRESIDE	CLAIRCINE DORILUS	8620 ASHBURY PARK	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32818 SUITE #1	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RISCOT DORILUS	8620 ASHBURY PARK	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32818 SUITE #1	<input type="checkbox"/> Remove
VP	JUDITH ENELUS	1409 JUBAL DR	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32818	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EQUAN SHABAZZ	3012 REDLIVE OAKS DR	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32818	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 2024 JUL 25 AM 10:19
 Change

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

Multiple horizontal lines for amending information.

2024 JUL 25 AM 10:19

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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 June 17, 2024

Handwritten signature of Claircine Etienne

Signature of a member or authorized representative of a member

CLAIRCINE ETIENNE

Typed or printed name of signer