

L24000004/4/84/0

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

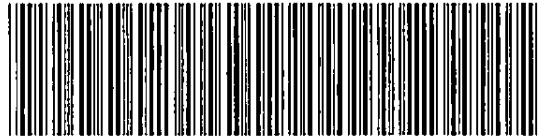
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800431048298

FILED

2024 JUL 25 AM 10:19

RECEIVED

2024 JUL -8 AM 8:44

TALLAHASSEE, FLORIDA



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

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

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

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: _____

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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)

2024 JUL 25 AM 10:19

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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

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
			<input type="checkbox"/> Change
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

FILED
2024 JUL 25 AM 10:19
Change

