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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



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

PLEASE USE FUNDS FROM THIS ACCO		
AUTHORIZATION SIGNATURE: Dorilus Home Care & Companion Services I	LLC L24000044840	
BUSINESS (Name)	Document #	
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Walk in	Pick up time	
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X Certificate of Status	7 19	
NEW FILINGS	<u>AMMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other LLP	_X _AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion	r
<u>INC</u>		
OTHER FILINGS	REGISTERATION/QUALIFICATIONS	
Annual Report	— Foreign Filing Limited Partnership	
Fictitious Name	Reinstatement Trademark	
APOSTIL ()	Other	

EXAMINER'S INITIALS:____

COVER LETTER

TO: Registration Division of C			
DORILU SUBJECT:	S HOME CARE & COMPAN	IION SERVICES LLC	
	Name of Li	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	pondence concerning this matte	τ to the following:	
	CLAIRCINE DORILUS		
		Name of Person	
		Firm/Company	2024 JUL 25 AM 10: 19
	8620 ASHBURY PARK		، نظام المادية المادية المادية المادية المادي
		Address	25 ii
	ORLANDO FLORIDA 3	2818 SUITE #1	AH I
	GLADYSETIENNE@GM	City/State and Zip Code AIL.COM	19
	_	to be used for future annual report notification	
For further information	concerning this matter, please c	all:	
CLAIRCINE DORILUS	3	,407 716-7495	
Name o	of Person	at () Area Code Daytime Tele	phone Number
Enclosed is a check for t	he 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 Addres		Street Address:	
Registration S Division of C		Registration Section Division of Corporat	ions
P.O. Box 632		The Centre of Tallah	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DORILUS HOME CARE & COMPANION SERVI			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) 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 liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or t	he abbreviation "L. L. C."	
Enter new principal offices address, if applicable:	8620 ASHBURY PARK	2024	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32818 SUITE 1		
		23 1	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		79.	
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, <u>enter the n</u>	ame of the new registere	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	·		
	, Florida	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>	Address	Type of Action
PRESIDE	CLAIRCINE DORILUS	8620 ASHBURY PARK	® Add
		ORLANDO FL 32818 SUITE #1	□ Remove
			□Change
MGR	RISCOT DORILUS	8620 ASHBURY PARK	■ Add
		ORLANDO FL 32818 SUITE #1	□ Remove
		<u></u>	2024 GlChanige 7
VP	JUDITH ENELUS	1409 JUBAL DR	~ ~ ~
		ORLANDO FL 32818	- Remove
			□Change
MGR	EQUAN SHABAZZ	3012 REDLIVE OAKS DR	
		ORLANDO FL 32818	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove

Typed or printed name of signee