

L24000044840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

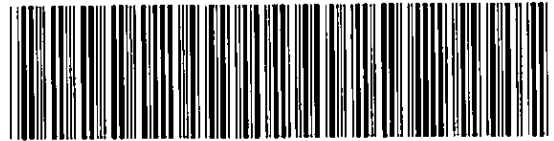
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



000438121970

LLC Amend

2024 OCT 21 AM 8:56

FILED

A. RAMSEY

OCT 23. 2024

SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT 17 PM 4:38

RECEIVED

*02250, 00524, 00671

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: ~~\$52.50~~ 25.00

Authorization Signature: Jan Fule

Dorilus Home Care & Companion Services LLC Business name

Document # L24000044840

☐ Walk in

☐ Will wait

☐ Certified Copies of the Articles of Organization

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ LLC

☐ Domestication

☐ INC

☒ CORP

☐ OTHER

AMENDMENTS

☒ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Conversion

☐ Statement of FACT

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ Statement of Authority

☐ APOSTIL _____

COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Partnership

☐ Reinstatement

☐ CORRECTION for a Foreign LLC

☐ Domestication of a Foreign Corp.

_____ Other

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2024

FLORIDA CAPITAL COURIER SERVICES, INC.

TALLAHASSEE, FL 32309

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 \$52.50. However, the document has not been filed and is being returned for the following:

The form that you submitted is incorrect. It is for a limited partnership and your entity is a limited liability company. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 524A00023052

RECEIVED

2024 OCT 22 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FL

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 fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Churline Dorilus
Name of Person

Dorilus Home care & Companion Services LLC
Firm/Company

8120 Ashbury Park
Address

Orlando, FL 32818
City/State and Zip Code

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

For further information concerning this matter, please call:

Churline Dorilus at 407 684-7790
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

FILED

2024 OCT 21 AM 8:56

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Thomas Home Care & Community Services, LLC
(Name of the Limited Liability Company as it now appears on our records)
(Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number 624000044840

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)

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

Orlando

City

Florida

32818

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.

[Signature]
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

Title	Name	Address	Type of Action
AMBR	Lalith Enelus	1429 Wabash	☐ Add
		Orlando, FL 32818	☒ Remove
			☐ Change
AMBR	Eugene Stetzel	3512 Redline Circle	☐ Add
		Orlando, FL 32818	☒ Remove
			☐ Change
AMBR	Erica Darius	8610 Ashbury Park	☐ Add
		Orlando, FL 32818	☒ Remove
			☐ Change
AMBR	Margaret Elmore	232 232 Park Place	☒ Add
		Orlando, FL 32810	☐ Remove
			☐ Change
AMBR	Cherene Darius	8620 Ashbury Park	☒ Add
		Orlando, FL 32818	☐ Remove
			☐ Change
AMBR	Cherene Darius	8620 Ashbury Park	☒ Add
		Orlando, FL 32818	☐ Remove
			☐ Change

1. If you wish to add other information, please attach it here. If you wish to delete information, please check the box.

2. If you wish to delete information, please check the box. 10/21/24 (printed)
I hereby certify that the information furnished on this form is true and correct. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

3. If you are a partner in a partnership, please check the box. If you are a sole proprietor, please check the box. If you are a corporation, please check the box. If you are a trust, please check the box. If you are a partnership, please check the box. If you are a sole proprietor, please check the box. If you are a corporation, please check the box. If you are a trust, please check the box.

October 21st 2024

Clairane Dorilus