

L24000106165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

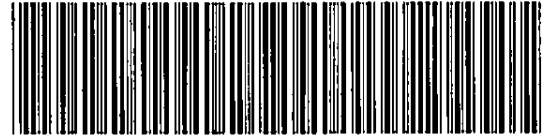
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Special Instructions to Filing Officer.

J. DEBINO

MAR 20 2024

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2024 MAR 25 AM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 MAR 25 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Love & Passion Home Healthcare 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:

TKeya L Hicks

Name of Person

Love & Passion Home Healthcare LLC

Firm/Company

11050 Harts Road Apt 1107

Address

Jacksonville, FL 32218

City/State and Zip Code

Loveandpassionhomehealth@outlook.com

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

For further information concerning this matter, please call:

TKeya Hicks

904

402-6698

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

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SECRETARY OF STATE
and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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]

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

please add EIN 99-1736964

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 3/25/2024

T'Keya L Hicks

Signature of a member or authorized representative of a member

T'Keya L Hicks

Typed or printed name of signee

Filing Fee: \$25.00