## 0106165

| (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.  |
| - U DERVIO                               |
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Office Use Only



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## **COVER LETTER**

TO:

Registration Section

| Division of Co   | •  |  |   |
|--|--|--|---|
|  | ssion Home Healthcare LLC                  |  |   |
|  | Name of Lim                                | ited Liability Company   |   |
| The enclosed Articles of   | Amendment and fee(s) are sub               | mitted for filing.   |   |
| Please return all correspo   | ondence concerning this matter             | to the following:  |   |
|  | T'Keya L Hicks                             |  |   |
|  |  | Name of Person   | · · · · · · · · · · · · · · · · · · ·   |
|  | Love & Passion Home Hea                    | altheare LLC   |   |
|  |  | Firm/Company   |   |
|  | 11050 Harts Road Apt 110                   | 17   |   |
|  |  | Address  | ***   |
|  | Jacksonville, FL 32218                     |  |   |
|  |  | City/State and Zip Code  |   |
|  | Loveandpassionhomehealth E-mail address: ( | (a)outlook.com to be used for future annual report not                                 | ification)  |
| For further information of   | oncerning this matter, please c            | all:   |   |
| T'Keya Hicks   |  | 904 402-6698   |   |
| Name o   | of Person                                  | at ()<br>Area Code Daytin  | ne Telephone Number   |
| Enclosed is a check for t  | he following amount:                       |  |   |
| ■ \$25.00 Filing Fee   | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)                       | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address Registration Division of C P.O. Box 633 Tallahassee, | Section<br>Corporations<br>27              | Street Address:<br>Registration Se<br>Division of Co<br>The Centre of<br>2415 N. Monre | rporations  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| ТО  |  |
|---|--|
| ARTICLES OF OR  | RGANIZATION  |
| OF  | <b>2021</b> F/1  |
|   | Son MAR 22 EC  |
| Love & Passion Home Healthcare LLC  | ne it now appoure on our records   |
| (Name of the Limited Liability Company<br>(A Florida Limited Lia  | bility Company)  |
| The Articles of Organization for this Limited Liability Company w   | as it now appears on our records.) bility Company) ere filed on 02/29/2024 and assigned  |
| Florida document number <u> </u>  | · ·  |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liabili  | ty company here:   |
| Love & Passion Homemaker and Companion Services LLC   |  |
| 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)   |  |
|   |  |
| *   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office ad   | dress on our records, <u>enter the name of the new registered</u>                        |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:  Name of New Registered Agent: | dress on our records, <u>enter the name of the new registered</u>                        |
| (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:  Name of New Registered Agent:  | dress on our records, <u>enter the name of the new registered</u>                        |
| (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:   | dress on our records, enter the name of the new registered  Enter Florida street address |
| (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:  Name of New Registered Agent:  | Enter Florida street address   |
| (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:  Name of New Registered Agent:  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:  Name of New Registered Agent:  | Enter Florida street address<br>, Florida  |

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> | Name | Address     | Type of Action |
|--------------|------|-------------|----------------|
| <del></del>  |      |             | □Add           |
|              |      |             | □Remove        |
|              |      | <del></del> | □Change        |
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|              |      |             | Change         |

| ective date, if other than the date of filing:   | F                     | alease add EIN 99-1736964  |
|--|-----------------------|--|
| 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 to:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ument's effective date on the Department of State's records.  cord 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 | _                     |  |
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| and 3/25/2024.  TKeya & House of a member or authorized representative of a member   |                       |  |
| Signature of a member or authorized representative of a member   | ated                  | 3/25/2024  |
|  |                       | 1'Klya & H.C.C.<br>Signature of a member or authorized representative of a member  |
| TKeya L Hicks  |                       | T'Keya L Hicks   |

Filing Fee: \$25.00