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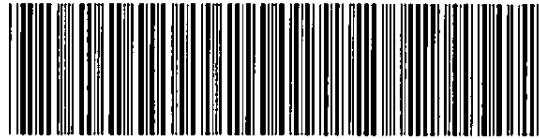
(Business Entity Name)

(Document Number)

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K. HUNT

05/07/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JULIE'S HOME HEALTH CARE 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:

ROBERTO GONZALEZ

Name of Person

TAXSMART ACCOUNTING SERVICE LLC

Firm/Company

9957 MOORINGS DRIVE STE 502

Address

JACKSONVILLE, FL 32257

City/State and Zip Code

INFO@TAXSMARTCORP.NET

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

For further information concerning this matter, please call:

ROBERTO GONZALEZ

904

733-6927

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

## JULIE'S HOME HEALTH CARE LLC

The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned Florida document number 124000114276

**A. If amending name, enter the new name of the limited liability company here:**

**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*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALVIN E MONTENEGRO MOLLE	3820 LOSCO RD STE 607	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALVIN E MONTENEGRO MOLLE	3820 LOSCO RD STE 607	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32257	<input type="checkbox"/> Remove
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**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.

Dated MAY 2ND 2024

JULIA BARTLEY

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Typed or printed name of signee

**Filing Fee: \$25.00**