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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

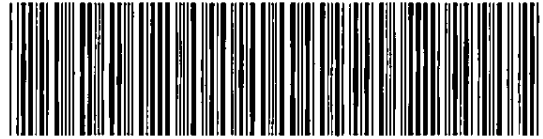
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2024 JUL -3 PM 3:32

11:11:11



## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SINCLAIR'S FAMILY 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:

FENTON H SINCLAIR  
Name of Person

Firm/Company

17009 YELLOW PINE ST  
Address

WIMAUMA FL 33598  
City/State and Zip Code

FENTONBELL90@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FENTON H SINCLAIR 954 681-0021  
Name of Person at ( Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



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

SINCLAIR'S FAMILY CARE LLC

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

The Articles of Organization for this Limited Liability Company were filed on JUNE 5, 2024 and assigned  
Florida document number 124000256064.

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)**

N/A

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

**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:

N/A

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>                   |
|--------------|-------------------|---------------------------------------|---|
| MGR          | FENTON H SINCLAIR | 17009 YELLOW PINE ST WIMAUMA FL 33598 | <input checked="" type="checkbox"/> Add |
|              |                   |                                       | <input type="checkbox"/> Remove         |
|              |                   |                                       | <input type="checkbox"/> Change         |
| AMBR         | COLLIN PLUMMER JR | 17009 YELLOW PINE ST WIMAUMA FL 33598 | <input checked="" type="checkbox"/> Add |
|              |                   |                                       | <input type="checkbox"/> Remove         |
|              |                   |                                       | <input type="checkbox"/> Change         |
| AMBR         | CIARA CAMPBELL    | 17009 YELLOW PINE ST WIMAUMA FL 33598 | <input checked="" type="checkbox"/> Add |
|              |                   |                                       | <input type="checkbox"/> Remove         |
|              |                   |                                       | <input type="checkbox"/> Change         |
| AMBR         | DOMARK SINCLAIR   | 17009 YELLOW PINE ST WIMAUMA FL 33598 | <input checked="" type="checkbox"/> Add |
|              |                   |                                       | <input type="checkbox"/> Remove         |
|              |                   |                                       | <input type="checkbox"/> Change         |
|              |                   |                                       | <input type="checkbox"/> Add            |
|              |                   |                                       | <input type="checkbox"/> Remove         |
|              |                   |                                       | <input type="checkbox"/> Change         |
|              |                   |                                       | <input type="checkbox"/> Add            |
|              |                   |                                       | <input type="checkbox"/> Remove         |
|              |                   |                                       | <input type="checkbox"/> Change         |



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

PLEASE ADD EIN NUMBER WHICH IS ATTACHED 99-3448191

EIN----- 99-3448191

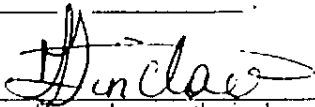
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 JUNE 13 2024



Signature of a member or authorized representative of a member

FENTON H SINCLAIR

Typed or printed name of signee



Date of this notice: 06-10-2024

Employer Identification Number:  
99-3448191

Form: SS-4

Number of this notice: CP 575 A

SINCLAIR S FAMILY CARE LLC  
FENTON H SINCLAIR SOLE MBR  
17009 YELLOW PINE ST  
WIMAUMA, FL 33598

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 99-3448191. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

|          |            |
|----------|------------|
| Form 940 | 01/31/2025 |
| Form 944 | 01/31/2025 |

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

**IMPORTANT INFORMATION FOR S CORPORATION ELECTION:**

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.