L24000270266

(Requestor's Name)
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PICK-UP WAIT MAIL
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SECRETARY OF STATE TALLAHASSEE, FL

2024 AUG 16 PK 12: 34



COVER LETTER

TO: Registration So Division of Con				
SUBJECT:Re	spite Home	Care, LLC 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:		
	Danielle (CaStro Name of Person		
	Respite H	Ome Care, WC		
	486 SW 1	MCHole Avenu	e	
	Port St. Lu	City/State and Zip Code	53	2024 A SECF TA
	respitehon E-mail address: (1	oe care IIc e am	ail. com	AUG II RETAI
For further information c	oncerning this matter, please ca	all:		TARY OF S
Danielle	Costro f Person	at (772) 626 Area Code Daytime	- 0403 Telephone Number	2024 AUG 16 PH 12: 34 SECRETARY OF STATE TALLAHASSEE, FL
Enclosed is a check for the	ne 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 Certificate of Certified Co (additional cop	of Status & ppy
Mailing Addres		Street Address:	etion	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Respite Home 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 Tune 13, 2024 and assigned Florida document number L24000270266.

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 "LLC."

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:

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.

Enter Florida street address

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>	Type of Action
MGR	Danielle Castro	686 SW McHole Avenu	
		Port St. Lucie, FL. 34953) □Remove
			□Change
			□Add
			□Remove
			□Change
			TALLAHASSEE, FU
			□Add
			Remove
	 _		□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	? •/	
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	SECI	2024
	LE REP	AUG.
	HASS	16 F
	CRETARY OF ST	- 12 F
	FL	<u>ှို့</u>
E. Effective date, if other than the date of filing:	.) Pursuant to	
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The ecord is filed.	ie 90th day a	ifter the
Dated August 7 . 2024. Signature of a member or authorized representative of a member		
Danielle Castro Typed or printed name of signee		-