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To:

Division of Corporations

Fax Number : (

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From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8500

Phone : (323)962-8500 Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOUCHED BY AN ANGEL HC, LLC

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K. SALY JUL 18 2024

## **COVER LETTER**

	of Corporations		
SUBJECT:	CHED BY AN ANGEL HC, LLC Name of Lim	ited Liability Company	The state of the s
The enclosed Artic	eles of Amendment and fec(s) are sub	mitted for filing.	
Please return all co	orrespondence concerning this matter	to the following:	
	Mike Town		
		Name of Person	
	Legalzoom, com, Inc.		
		FirmsCompany	
	9900 Spectrum Dr		
		Address	
	Austin, TX 73717		
		City/State and Zip Code	<del></del>
	brybry87@gmail.com	to be used for future annual report noti	fication)
For further informs	ation concerning this matter, please c		
Mike Town		800 773-0888	
	Same of Person	Area Code Daytim	e Telephone Number
Enclosed is a check	k for the following amount:		
□ \$25.00 Filing I	Fee S30.00 Filing Fee & Certificate of Status	S55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



TOUCHED BY AN ANGEL HC, 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 07/01/2024 and assigned Florida document number <u>L24000293884</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TOUCH BY AN ANGEL HEALTH CARE, LLC 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: Meta Registered Office Address: Enter Florida street address \_\_\_. Florida \_\_\_\_

New Registeren 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

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	Brian Simpson										

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Filing Fee: \$25.00