

Florida Department of State
Division of Corporations
Electronic Filings

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : EXPRESS FILINGS INC
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 Phone : (786)378-2432
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED

2024 OCT -3 PM 2:42

FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL

RECEIVED

2024 OCT 15 PM 4:33

FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LEGACY HOME HEALTH SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LEGACY HOME HEALTH SERVICES 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 07/18/2024 and signed
Florida document number L24000317700

This amendment is submitted to amend the following:

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

N/A

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:

3408 WEST 84TH ST, SUITE 214

(Principal office address **MUST BE A STREET ADDRESS**)

HIALEAH, FL 33018

Enter new mailing address, if applicable:

3408 WEST 84TH ST, SUITE 214

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

HIALEAH, FL 33018

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:

GALVEZ, GARY M.

New Registered Office Address:

3408 WEST 84TH ST, SUITE 214

Enter Florida street address

HIALEAH

Florida

33018

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	GALVEZ, GARY M.	3408 WEST 84TH ST, SUITE 214	<input type="radio"/> Add
		HIALEAH, FL 33018	<input type="radio"/> Remove
			<input checked="" type="radio"/> Change
			<input type="radio"/> Add
			<input type="radio"/> Remove
			<input type="radio"/> Change
			<input type="radio"/> Add
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			<input type="radio"/> Change

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

Add EIN 99-4167751

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 505.0207 (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 10/15 2024


Signature of a member or authorized representative of a member

GALVEZ, GARY M.

Typed or printed name of signee

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