## L24 000 363 959

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(Gity/State/Zip/Pitofie #)
PICK-UP WAIT MAIL
(Queinage Febbs Name)
(Business Entity Name)
(Document Number)
Cartificat Caping Cartificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



900435858779

99/04/24--01020--014 ••25.00

24 SEP -4 MH 5: 26

## **COVER LETTER**

TO:

	egistration Se ivision of Cor			
CHID IECT		OVING HEARTS HOME CA	RE LLC	
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		PEGGY LIVINGSTON		
			Name of Person	
		TENDER LOVING HEAR	RTS HOME CARE LLC	
			Firm/Company	
		199 HORNE AVE SW		
			Address	
		LIVE OAK, FL 32064		
			City/State and Zip Code	·
		PEGGYJL44@OUTLOOK		
		E-mail address: (	to be used for future annual report not	tification)
For further	information c	oncerning this matter, please co	all:	
PEGGY L	IVINGSTON		813 392-9461	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is	s a check for th	ne following amount:		
€ \$25,00	) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	lailing Addres		Street Address: Registration So	ection
D	ivision of C	orporations	Division of Co	rporations
	O. Box 632		The Centre of	
1	allahassee, l	TL 04014	Z4TƏ IN. MONIC	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TENDER LOVING HEARTS HOME CARE		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L24000363959		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	24.9
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or t	he abbreviation [] L.C.;
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	<u> </u>
	<u> </u>	<u></u>
		程 程 26
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	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 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>	Address	Type of Action
MGR	PEGGY LIVINGSTON	199 HORNE AVE SW LIVE OAK, FL 32064	<b>=</b> Add
			□Remove
			□ Change
AP	SHYNEEQUA N. LIVINGSTON	199 HORNE AVE SW LIVE OAK, FL 32064	🗆 Add
			□Remove
			<b>≡</b> Change
		<del></del>	□Add
			□Remove
			□Change
	<u></u>		□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			ПРеточе
			□ Change

					· · · · · ·	
_		<del></del>				
					·. · <u>-</u> _	
				<del></del>		
				*		<del></del>
_						<u> </u>
_			<del></del>			
				<u> </u>		
_				<del>-</del>		
_			<del></del>	<del>,</del>		
_	<u> </u>					
				· · · · ·		
		·				
			···			
<u>Note:</u> li	e date, if other that tive date is listed, the da the date inserted in t it's effective date on	his block does not	t meet the applica	to date of filing or nable statutory filin	(option or than 90 days after g requirements, this	onal) filing.) Pursuant to 605.02 s date will not be listed
record d is filed	•	fective date, but n	ot an effective ti	me, at 12:01 a.m.	on the earlier of: (b	) The 90th day after th
	UGUST 29,		2024			
Dated _	Tool	au X	Mum	asta		
Dated _	Jegy	Vignature of	a member or autho	rized representative	of a member	

Filing Fee: \$25.00