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(Re	questor's Name)	
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Certified Copies	Certificate:	s of Status
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Special Instructions to	Filing Officer.	
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Berenice Blosson	ns Home Care LLC		
	Name of Lim	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:		
	В	erenice St Fort		
		Name of Person		
		Firm/Company		
	Firm/Company 1521 NE 150th ST Apt 102 Address			
		Address		
	Mi	ami. FL 33161		
	L.C.	City/State and Zip Code		
	•	fortl@gmail.com to be used for future annual report no	otification)	
For further information c	oncerning this matter, please ca	all:		
Berenice St	. Fort	786 301-7311 at ()		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	he 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S Division of C	Section	Street Address: Registration S Division of Co		
P.O. Box 632		The Centre of	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BERENICE BLOSSO	MS HOME CARE LLC		· · · · · · · · · · · · · · · · · · ·
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	irs on our records.)	2024 SEP 24 AH 3: 39
The Articles of Organization for this Limited Liability Co Florida document number	ompany were filed on _	09/09/2024	TAT and assigned STATE
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company h	iere:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDR	(ESS)		
			
Enter new mailing address, if applicable:			
(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 registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
	City	, Florid	Zip Code
	CIL		ray carac

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
AMBR	JEVA ST FORT	1521 NE 150TH ST APT 102	
		MIAMI, FL 33161	■ Remove
			Change
AMBR	JAMIRAH J EVARISTE	1521 NE 150TH ST APT 102	□Add
		MIAMI, FL 33161	■Remove
			Change
AMB	BENEDICT ST FORT	1521 NE 150TH ST APT 102	
		MIAMI. FL 33161	■Remove
			Change
			□ Add
			□Remove
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'an effective da {ote: If the di	e, if other than the date is listed, the date must be the inserted in this block ective date on the Department	specific and cannot ledges not meet the	applicable statuto	ng or more than 90 y filing requiren	(optional) days after filing.) Pur nents, this date will	suant to 605.020 not be listed a
record specif I is filed.	es a delayed effective d	ate, but not an effe	ctive time, at 12:0	l a.m. on the earl	ier of: (b) The 90	th day after the
Pated	09/18	. 2024		- +		
	Sign	nature of a member	or authorized represe	entative of a memb	er	_
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