

L24000391452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

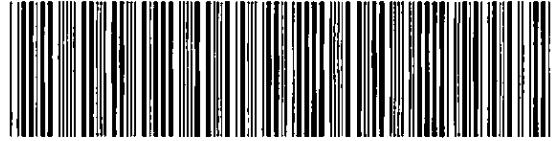
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



300436977363

09/24/24--01021--014 \*\*25.00

Seal of the State of Florida  
TALLAHASSEE, FL

2024 SEP 24 AM 3:39

RECEIVED

713

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Berenice Blossoms Home Care LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Berenice St Fort  
Name of Person

Firm/Company

1521 NE 150th ST Apt 102  
Address

Miami, FL 33161  
City/State and Zip Code

bjstfort1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Berenice St Fort at 786 301-7311  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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>	<u>Type of Action</u>
AMBR	JEVA ST FORT	1521 NE 150TH ST APT 102	<input type="checkbox"/> Add
		MIAMI, FL 33161	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAMIRAH J EVARISTE	1521 NE 150TH ST APT 102	<input type="checkbox"/> Add
		MIAMI, FL 33161	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMB	BENEDICT ST FORT	1521 NE 150TH ST APT 102	<input type="checkbox"/> Add
		MIAMI, FL 33161	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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 605.0207 (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 09/18 2024

*Berenice St Fort*  
Signature of a member or authorized representative of a member

Berenice St Fort

Typed or printed name of signee