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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
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A CONTRACT TO SERVICE STATE OF STATE OF

2024 OCT -8 TH 3: 18

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

· TO:

subject: <u>Shanta's</u> H	none Care	1 \ C.	
SUBJECT: DI MATTA 5 1	Name of Limi	ited Liability Company	
The enclosed Articles of Amendmen	t and fee(s) are subi	mitted for filing.	
Please return all correspondence con-	cerning this matter (to the following:	
	<u>Shanta</u>	a DeVaugnn Name of Person	
	Shanta'	S Home Care UC Firm/Company	
	8461	1 Griffith Fue Address	
	Crystal R	City/State and Zip Code WS Navta (2) Grown Land Company Code obe used for future annual eport notice	
			COYY (fication)
For further information concerning the	iis matter, please ca	dli:	
Shanta DeVaugh Name of Person	∿ ^	at (<u>352</u>) <u>302 - 6</u> Area Code Daytim	HO8 ne Telephone Number
Enclosed is a check for the following	amount;		
	0 Filing Fee & ificate 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)
<u>Mailing Address:</u> Registration Section		<u>Street Address:</u> Registration Se	ction
Division of Corporation P.O. Box 6327	18	Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	FILLD
Shanta'	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	2024 OCT -8 FM :
The Articles of Organization for this Limited I	iability Company were filed on 911212024	and assigned
This amendment is submitted to amend the fol		
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the Enter new principal offices address, if appli (Principal office address MUST BE A STREA		abbreviation "L.I.,C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	T BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addrage.	registered office address on our records, <u>enter the na</u> ess here:	i <u>me of the new registered</u>
Name of New Registered Agent:	Kalian Dellaughn	
New Registered Office Address:	846 N Griffith AUC Emer Florida street address	
	Crystal River Florida	34429 Zw 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

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>	Type of Action
MGR	Shanta Dellaugian	846 NGARFITH AND Crystal POWER FL 34429	[JAdd
			□Remove
			□Change
MGR	Kaliah DeVaugnn	846 N GRIFITH AVE	□Add
		Crystal River Fl 34479	ZRemove
			□Change
			□Add
			©Remove
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n effective o <u>te:</u> If th	ate, if other than the date is listed, the date mu- e date inserted in this bl effective date on the D	st be specific and ea lock does not me	annot be prior to dat et the applicable :	e of filing or more tha		
ecord spe is filed.	cifies a delayed effectiv	ve date, but not a	n effective time, a	at 12:01 a.m. on the	earlier of: (b) Th	e 90th day after the
ted	10/3/2024 Shuf	Signature of a me	t Vau	Jhnl Apresentative of a m	ember	
		the think		7,1		
	Sha	ou fe	De Vni	ighan		