

L24 000 407 064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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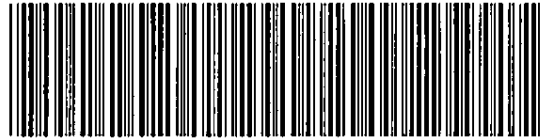
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SARASOTA EMPATHY 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:

Amarut Torres

Name of Person

SARASOTA EMPATHY HOME CARE LLC

Firm/Company

3575 Webber Street, Unit 104.

Address

Sarasota, Florida 34239

City/State and Zip Code

giovanna@emphaty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giovanna Leone Molina

727 488-9179  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SARASOTA EMPATHY HOME CARE 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 09/18/2024 and assigned Florida document number L24000407064.

This amendment is submitted to amend the following:

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

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:**

3575 Webber Street, Unit 104, Sarasota, Florida 34239

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

**Enter new mailing address, if applicable:**

3575 Webber Street, Unit 104, Sarasota, Florida 34239

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

**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:

Amarut Torres

New Registered Office Address:

3575 Webber Street, Unit 104

Enter Florida street address

Sarasota

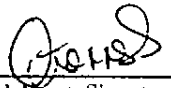
City

Florida 34239

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

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>
MGR	AMARUT TORRES SAMON	3575 Webber Street, Unit 104. Sarasota, Florida 34239	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GIOVANNA LEONE MOLINA	3575 Webber Street, Unit 104. Sarasota, Florida 34239	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

### Change The P Amarat Torres Samon as Manager

**Change The P Giovanna Leone Molina as Authorized Member**

### Change the Bussiness Physical Address:

From: 2611 Midnight Pearl Dr, Sarasota Florida 34240 to 3575 Webber Street, Unit 104, Sarasota, Florida 34239

E. Effective date, if other than the date of filing: 09/13/2024 AT 12:01 a.m. (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

09/13, 2024

Signature of a member or authorized representative of a member

Aníbal Torres Samon

Typed or printed name of signee

**Filing Fee: \$25.00**