L2500152620

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Busiliess Eduty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

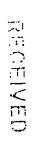
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COVER LETTER

TO:

TO: Registration So Division of Cor			
suruect: Jackso	nville Family Home H	lealth Care LLC 🧣	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Marie M. Silney		크를 함
		Name of Person	
	Jacksonville Fami	ly Home Health Care LL	C
	Jacksonvine raini	Firm/Company	
	6331 Ironside Driv		···
		Address	
	North Jacksonville	e/Florida 32244	
		City/State and Zip Code	
	drvladimirsylne@g	mail.com to be used for future annual report noti	C
	E-mail address: (to be used for future annual report not	ncation)
For further information of	concerning this matter, please c	all:	
Marie M. Silney		at (<u>904</u>) <u>422-187</u>	71
	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	otion
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	•
Tallahassee.		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

nily Home Health Care LLC
ty Company as it now appears on our records.) Limited Liability Company)
Company were filed onMarch 31, 2025 and assigned
_ .
ited liability company here:
ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
RESS)
the state of the s
d office address on our records, enter the name of the new registered
Enter Florida street address
, Florida
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_	Vladimir Sylne	116 Clendenny Ave	□Add
		Jersey City, NJ 07304	= Remove
			□Change
MGR	Aldrin Silne	116 Clendenny Ave	□Add
		Jersey City, NJ 07304	Remove
			□Change
MGR	Rio Sylne	116 Clendenny Ave	□Add
		Jersey City, NJ 07304	Remove
			□ Change
_			🗆 Add
		TALL	Remove Change
			□Remove
		<u> </u>	Change
.			□Add
			Remove
			□Change

		 					
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n effective <u>ste:</u> If th	ate, if other than the detate is listed, the date must be date inserted in this block effective date on the Dep	e specific and can k does not meet	not be prior to da the applicable			filing.) Pursuant to 605.0	
ecord spe is filed.	cifies a delayed effective	date, but not an e	effective time, a	at 12:01 a.m. on	the earlier of: (b) The 90th day after t	the
ied	7/2	· · · · · · · · · · · · · · · · · · ·	2025				
			119				
-	S	ignature of a mem	per or authorized	representative of	a member		
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