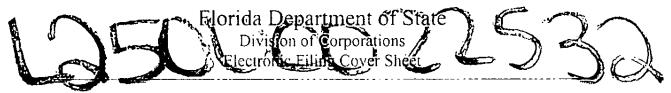
1/28/25, 3:45 PM

Division of Corporations



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(((H250000335913)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

C	A 44 4			
Emaii.	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN URBAN ANGLES HOMECARE LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

From: Melanie Ibarra

COVER LETTER

TO:	Registration Se Division of Cor			
CUDIE	URBAN A	NGLES HOMECARE LLC		
SOBJE	C1:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are submitted	-	
		Erik Treutlein		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		9900 Spectrum Dr		
		 	Address	
		Austin, TX 78717		
		griffinmichael6027@yahoo.	City/State and Zip Code	
		E-mail address: (1	o be used for future annual report noti	fication)
For furt	her information ed	oncerning this matter, please ca	ill:	
Erik Tr	eutlein		800 773-0888 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	e following amount:		
□ \$ 25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Capy (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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

URBAN ANGLES HOMECARE LL		
(<u>Name of the Limite</u>)	d Liability Company as it now appears on ou A Florida Limited Liability Company)	<u>r recordş.</u>)
The Articles of Organization for this Limited Lia Florida document number 1.25000022532	ability Company were filed on 01/13/20:	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
Urban Angels Homecare LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designati	on "ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET		
Timesput office dualess most be 71 STREET	ADDRESS	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B		Sg 202
		VAT.
		**** 2 F
B. If amending the registered agent and/o	r registered office address on our	records, enter the name of the
egistered agent and/or the new registered offi	ice address here:	
		ST. 8.
Name of New Registered Agent:		
		y-
New Registered Office Address:	Enter Florida stre	et address
	= 1121 / 1111111	
	City	, Florida Ziv Code
	C tiv.	7.tp 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

To:	Page: 5 of
10.	i aga. o di

2025-01-28 13:48:56 PST

LegalZoom.com, Inc.

From: Melanie Ibarra

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
			☐ Add
			☐ Remove
			Change
			☐ Remove
			Change
			
			Remove
			□ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
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E. Effective	date, if other than the d	ate of filing:	(optional)	
(If an effect	ive date is listed, the date must be	be specific and cannot be prior to date of file	(optional) ng or more than 90 days after filing.) Pursuant t ry filing requirements, this date will not be	o 605.0207 (3)(b)
	t's effective date on the Department		ty thing tedforcements, and date with not of	t fisted as the
	rd specifies a delayed of Oth day after the recor		tive time, at 12:01 a.m. on the e	arlier of:
Ja Dated	nuary 28th	2025		
	/S/ Michael J Griff	in		
	Sı	gnature of a member or authorized represe	entative of a member	

Page 3 of 3

Typed or printed name of signee