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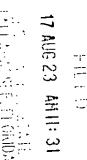
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S. WARREN AUG 2 5 2017

COVER LETTER

TO:

TO: Registration Section Division of Corporations
SUBJECT: Regal Hearts Senior Companion Services, UC 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:
Duchess Shamika Wesley Name of Person
Regal Hearts Senior Companion Services LLC
1314 Idlewild Dr. Address
Tallahassee FLorida 32.311 City/State and Zip Code
E-mail address: (so be used for future annual report notification)
For further information concerning this matter, please call:
Duchess Shamika Wesley at (850) 508-1646 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Signature Signatur
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Penal Hearts Senior Companion Services LLC	
Regal Hearts Senior Companion Services LC. (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 December 67/2015 and assign	oned
,	Brica
Florida document number 1, 2015 DW December 7, 2015 DW	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Benal Hearts Senior Care Services IIC.	
Regal Hearts Senior Care Services LLC. 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:	
(Principal office address MUST BE A STREET ADDRESS)	
Trincipal office data can most be reserved as the second	
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	. 6 43
B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:	or the ne
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
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 complete the appointment as registered agent and agree to act in this capacity. I further agree to complete the appointment as registered agent and agree to act in this capacity.	•
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docu	
haing filed to merely reflect a change in the registered office address. I hereby confirm that the limited lightlit	

If Changing Registered Agent, Signature of New Registered Agent
Page 1 of 3

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
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E. Effectiv	ve date, if other than the date of filing: (optional)	. 000
(If an effect Note: I	ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	i.020 ed a:
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Filing Fee: \$25.00