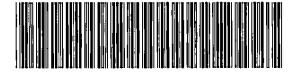
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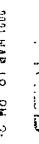
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Office Use Only



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SECRETARY OF STATE



## **COVER LETTER**

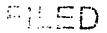
TO: Registration Sect Division of Corp			
SUBJECT: MR D	TILE 9 AUT	o care	
·	Name of Limited	d Liability Compuny	
The enclosed Articles of A	amendment and fee(s) are submi	tted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Daniel ?	Name of Person	
	<del></del>	Firm/Company	
	820 NW 1089	Address	
	Ft-Wuderday	2 1 333)  City/State and Zip Code	
	E-mail address: (to	be used for future annual report notifi	cation)
For further information of	oncerning this matter, please call	l:	
Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate 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)

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

**CS** Scanned with CamScanner





2021 HAR 18 PM 3: 18

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE, FL

MR DTINS & AU-	to care		
(Name of the Limited Liabil) (A Florida	ty Company as it now Limited Liability Cod	peny)	<u> </u>
The Articles of Organization for this Limited Liability C Florida document number \( \bigcup_2 \left( 0.00 \) \( \cdot 5.50 \)	Company were filed	on 3 8	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim  The new name must be distinguishable and contain the words "Lim	Care LL	_C	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)		
	<del> </del>	<del></del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	• • • • • • • • • • • • • • • • • • • •		
		·	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on	our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Đ	ster Florida street addres	<b>.</b>
	City	, Fl	orida
New Registered Agent's Signature, If changing Registere	•		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered at being filed to merely reflect a change in the registere company has been notified in writing of this change.	and agree to act it omplete performa gent as provided f	nce of my duties, ar or in Chapter 605.	nd I am familiar with and F.S. Or, if this document is
	If Changing Regist	ered Agent, Signature o	New Registered Agent

**CS** Scanned with CamScanner

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>le</u>	Name	Address	Type of Action
_			□Add
			□Remove
			Change
			Remove
			Change
			☐ Change
<del>_</del>			□ Add
			Remove
			Change
			□Add
			□Remove
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Mective date, if other	r than the date of fi	iling:		(options	ıl)	
Note: If the date inserte	d in this block does n	ot meet the applica	o date of bling or mon ble statutory filing :	e than 90 days after filir requirements, this da	ng.) Pursuant to 603.02 te will not be listed	07 (3)(b) as the
document's effective dat	te on the Department	of State's records.				
record specifies a delay	ed effective date, but	not an effective tir	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th	ıe
d is filed.					•	
\d		=-	<b>-</b> ·			
Dated	1 <i></i> V					
Dated	Signature	a member or surbo	rized representative of	a member		



