L23000002963

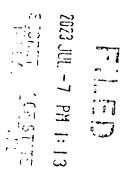
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bA)	dress)	
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Special Instructions to	Filing Officer.	

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Y. SCOTT AUG 13 2023

COVER LETTER

TO: Registration Se Division of Cor			`	•
subject: <u>O5</u>	prey Home Exter	ior Detailing LLC		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for tiling.		
Please return all correspo	ndence concerning this matter t	to the following:		
	Seth	Vanorsdale Name of Person		
	Osprey	Home Exterior De Firm/Company ch Drive Apt 137, No Address	etailing LLC	
	2030 River Read	ch Drive Apt 137, No	aples FL 34104	
		aples FL 34104 City/State and Zip Code	'(j)	
	E-mail address: (1	e Plus @ 9mail. Com o be used for future annual report notif	fication)	
For further information c	oncerning this matter, please ca	ill:		
Sett Name o		at (<u>239</u>) <u>839</u> - Area Code Daytime	3150 : Telephone Number	
Enclosed is a check for th	ic 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 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

Osprey Home Exterio	oc Detailing LLC
(<mark>¥ame of the Limited Liability (</mark> A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L2300000 2963</u> .	npany were filed on 12-28-2022 and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Payer Care Plus LLC. The new name must be distinguishable and contain the words "Limited."	d 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 ADDRES	SS)
	2023 Ju
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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			[]Remove
			□Change

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tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date of filing or me If the date inserted in this block does not meet the applicable statutory filing	ore than 90 days after filing.)	Pursuant to 605.02
nent's effective date on the Department of State's records.	requirements, this date w	in not be usied
cord consisting a delayed offertive date, but not an effective ti		
cord specifies a delayed effective date, but not an effective tile 90th day after the record is filed.	me, at 12:01 a.m. o	n the earlier
0-10-1400		
07-5-2023 2023		

Page 3 of 3

Filing Fee: \$25.00