## 123000336308

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration Se<br>Division of Con |  |   |   |
|--|--|---|---|
| SUBJECT: Amanda's                      | Caring Touch LLC                             |   |   |
|  |  | ited Liability Company  |   |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | emitted for filing.   |   |
| Please return all correspo             | ondence concerning this matter               | to the following:   |   |
|  | Amanda Madison                               |   |   |
|  |  | Name of Person  |   |
|  | Amanda's Caring Touch I.                     | I.C   |   |
|  |  | Firm/Company  |   |
|  | 9200 N.W. 39th Ave Ste.                      | 130- 3589   |   |
|  |  | Address   | <del></del>   |
|  | Gainesville, Florida 32606                   | 5   |   |
|  |  | City/State and Zip Code   |   |
|  | amandamadison2015@yah                        |   | <del></del>   |
| For further information c              | oncerning this matter, please c              | to be used for future annual report not                             | neation)  |
| Amanda Madison                         |  | at (904 ) 290-9031  |   |
| Name o                                 | f Person                                     | at (904 ) 290-9031<br>Area Code Daytim                              | e 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres                         |  | Street Address:   | •••   |
| Registration S<br>Division of C        |  | Registration Sec<br>Division of Cor                                 |   |
| P.O. Box 632                           | •  | The Centre of T   |   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Taliahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|  | City                                    | Zip Code                                 |
|--|---|--|
|  | . Fle                                   | orida                                    |
| New Registered Office Address:   | Enter Florida street addres             | is .                                     |
| Now Pagistared Office Address:   |   |  |
| Name of New Registered Agent:  |   |  |
|  |   | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |
| B. It amending the registered agent and/or registered off agent and/or the new registered office address here: | nce address on our records, enter       |  |
| B. If amending the registered agent and/or registered off  | Gas addrace on our records anter        |  |
|  |   | SS THE                                   |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |  |
| Enter new mailing address, if applicable:  |   | <u> </u>                                 |
|  |   | Z023 AUG                                 |
|  |   |  |
| (Principal office address MUST BE A STREET ADDRES)   | <u></u>                                 |  |
| Enter new principal offices address, if applicable:  |   |  |
|  | triating company, the designation time  | of the above viation 12.15.              |
| Precious Time & Loving Care Agency LLC The new name must be distinguishable and contain the words "Limited I   | Liability Company "the decignation "LLC | " or the abbreviation "L. I. C."         |
| A. If amending name, enter the new name of the limited   | nability company nere;                  |  |
| · ·  | P. 13P4                                 |  |
| This amendment is submitted to amend the following:  |   |  |
| Florida document number 1.23000336308  |   |  |
| The Articles of Organization for this Limited Liability Comp   | pany were filed on <u>7/17/2023</u>     | and assigned                             |
| (A Florida Lim   | ited Liability Company)                 |  |
|  | ompany as it now appears on our record  | is.)                                     |
| Amanda's Caring Touch LLC  (Name of the Limited Liability Co.  | ompany as it now appears on our record  | is.)                                     |

## 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

| Title | <u>Name</u>         | Address                                       | Type of Action |
|-------|---------------------|---|----------------|
| MGR   | Jarell I. Whitehead | 21 N.E. 48th Terr. Gainesville, Florida 32641 | <b>=</b> Add   |
|       |                     |   | □Remove        |
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| ffective date, if other than the date of filing: 08/01/2023  |  | <del></del>                                     |   |  |   |                                     |
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| ated July 27th 2023  Mande Malism Signature of a member or authorized representative of a member   | an effective date is listed, the date mu<br>lote: If the date inserted in this b | st be specific and cannot ock does not meet the | be prior to date of<br>applicable statu | filing or more than 9<br>tory filing require | 0 days after filing.) Purs<br>ments, this date will | suant to 605,0207 anot be listed as |
| Signature of a member or authorized representative of a member   |  | re date, but not an effe                        | ctive time, at 12                       | :01 a.m. on the ea                           | rlier of: (b) The 90i                               | h day after the                     |
|  | ated July 27th   | . 2023  |   | /  |   |                                     |
|  |  | HMUN M<br>Signature of a member                 | or authorized repr                      | alson<br>esentative of a mem                 | ber   | · · · · · · · · · · · · · · · · · · |
|  |  |   |   |  |   |                                     |

Filing Fee: \$25.00