LO7000114625

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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration S Division of Co			
	hip Services of Central Florida,	LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nicki Decker		
		Name of Person	
	Liberty Fiduciary, LLC		
		Firm/Company	
	P.O. Box 996		
		Address	
	Winter Haven, FL 33882		
		City/State and Zip Code	<u> </u>
	ndd.guardian@gmail.com		·
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report noti- all:	fication)
Nicki Decker	Ç .	863 412-6083	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 63 Tallahassee,		The Centre of T 2415 N. Monro	'allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 FEB 11 AH 8: 19

Guardianship Services of Central Florida, LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	City	Zip Code	
	Florida		
New Registered Office Address:	Enter Florida street address		
•			
Name of New Registered Agent:			
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	he name of the new registere	
(Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new principal offices address, if applicable:			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC"	or the abbreviation "L.I.,C,"	
Liberty Fiduciary, LLC			
A. If amending name, enter the new name of the limited liabil	lity company here:		
This amendment is submitted to amend the following:			
Florida document number L07000114825			
The Articles of Organization for this Limited Liability Company of	were filed on	and assigned	

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
-			□Add
			□Remove
			□Change
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an effect fote: - If	e date, if other the tive date is listed, the the date inserted in it's effective date o	date must be specifi n this block does	ic and cannot be p not meet the ap	plicable statutory	or more than 90 de filing requirement	(optional) nys after filing.) Pursi nts, this date will r	uant to 605,0207 not be listed as
record s	specifies a delayed I.	effective date, bu	t not an effectiv	re time, at 12:01 a	a.m. on the earlie	r of: (b) The 90th	n day after the
			2021				
Fe	ebruary 10	 _	·				
	4WC	WQQe	du	uthorized represent		····	

Filing Fee: \$25.00