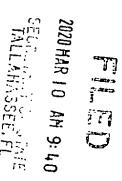
## L07000123173

Office Use Only



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C Kiuzek

## **COVER LETTER**

	Registration Se Division of Cor								
v110 1116	DEDICATED CAREGIVERS LLC								
SUBJEC	.1;	Name of Limited Liability Company							
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.						
Please re	turn all correspo	ndence concerning this matter	to the following:						
		MAYRA CAROLINA LO	PEZ						
		DEDICATED CAREGIVI	Name of Person ERS LLC	<del></del>					
	Firm-Company 1961 NW 150TH AVENUE, SUITE 103								
	Address PEMBROKE PINES, FL 33028								
	<del></del>								
		E-mail address: (	to be used for future annual report notif	ication)					
For furth	er information e	oncerning this matter, please ca	all:						
MAYRA CAROLINA LOPEZ			786 235-2589						
	Name o	l Person	Area Code Daytime	Telephone Number					
Enclosed	Lis a check for th	e following amount:							
<b>■</b> \$25.0	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEDICATED CAREGIVERS LLC	to Commons as it not armage on one cassed	h. )
(A Florida	ity Company as it now appears on our record a Limited Liability Company)	<u>15.</u> )
The Articles of Organization for this Limited Liability C	Company were filed on 11/01/2019	and assigned
Florida document number L07000123173	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	uited Liability Company," the designation "LLC	> 0 =
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		ω." ω. <b></b>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		s, enter the name of the
registerity agent and/or the new registered orner and	incos incre	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	
	Flo	orida
	Ciņ	Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ALCIRA J. UBEDA	5795B NW 151st ST MIAMI LAKES, FL 33014	■ Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			☐ Remove
			☐ Change
		·	
			☐ Remove
			☐ Change

D. If amending any other informat	ion, enter change(s) i	RIC. (mach damm)	aa sacea, y accessary.7	
				<del></del>
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2. Effective date, if other than the officer of the date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be p ck does not meet the app	plicable statutory filing		
f the record specifies a delayed b) The 90th day after the reco		not an effective tii	me, at 12:01 a.m. or	n the earlier of:
Dated	-			
	Pare tree	authorized of presonative of		
	Signature of a member or a	uthorized of presoniative o	l'a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00