







(Requestor's Name)	
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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Sec Division of Corp					
SUBJEC [*]		LL SERVICES LLC				
SUBJEC	1:	Name of Limi	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		Annabel Nicol				
			Name of Person			
		CHURCHILL SERVICES	LLC dba TenderCare Ser	vices		
			Firm/Company			
		41 SE Ocean Blvd.				
			Address			
		Stuart, FL 34994				
		City/State and Zip Code				
		annabel@tendercarefl.com F-mail address: ()	to be used for future annual r	report notification)		
For furthe	er information c	oncerning this matter, please co				
Annabel	Nicol		772 220 at ()	3090		
	Name o	l Person	Area Code	Daytime Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &		
	Mailing Addres Registration S		Street Ad Registra	Idress: ation Section		
	Division of C		-	n of Corporations		
	P.O. Box 632			itre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records imited Liability Company)	<u>-</u>)
mpany were filed on	and assigned
ed liability company here:	
ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
:55)	24
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	T.
	
office address on our records, <u>enter</u>	the name of the new regist
·- 	
Enter Florida street address	
F1.	, wi.d.n.
, F10	orida Zip Code
	ed liability company here: ed Liability Company," the designation "LLC" ESS) Office address on our records, enter to the enter Florida street address. Florida street address.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jodi Oliveira	41 SE Ocean Blvd., Stuart, FL 34994	
			Remove
			□Change
			□Add
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Effective date, if other than the date of filing: If an effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 095 0207 Note: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date on the Department of State is records. The 90th day after the date it filed. Dated O7/10 2024 Annabel Nicol Typed or printed name of signee.		se add Jodi Oliveira as AMBR. All other managers to remain the same.
Effective date, if other than the date of filing: (optional) I an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 More. If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as discument's effective date on the Department of State's records. The effective date and delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the rd is filed. Dated Online Signature of a member or authorized representative of a member. Annabel Nicol		
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Signature of a member or authorized representative of a member Annabel Nicol	Dated 07/	2024
Annabel Nicol		
Annabel Nicol		$A \cdot C \cdot N(\delta)$
		Signature of a member or authorized representative of a member

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Filing Fee: \$25.00