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COVER LETTER

Division of Cor	porations		
ECAM PRO	DUCTIONS LLC		
SUBJECT:			
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	ALIYAH TAYLOR		
		Name of Person	<u> </u>
	LCAM PRODUCTIONS L	LC	
	-	Firm/Company	
	3411 16TH ST E		
		Address	
	BRADENTON FL 34208		
	FINDINGHOPEHC@GMA	City/State and Zip Code IL.COM	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
ALIYAH TAYLOR		941 465-3163	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Parland's adval form	ha Calleria a annound		
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, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

TO:

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

I CAM PRODUCTIONS LLC			
(Name of the Limit	ted Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited L lorida document number	and assigned		
his amendment is submitted to amend the foll	owing:		
. If amending name, enter the new name o	f the limited liab	ility company here:	
INDING HOPE HOME CARE 2 LLC			
ne new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		3411 16TH ST E	
		BRADENTON, FL 34208	
			024
		2411 16711 87 5	024 HAR
nter new mailing address, if applicable:		3411 16TH ST E	
Mailing address MAY BE A POST OFFICE BOX)		BRADENTON, FL 34208	P Sit
			<u>ن</u>
			2
. If amending the registered agent and/or		address on our records, <u>enter th</u>	e name of the new regist
gent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	SHARICE BLA	ANC	
New Registered Office Address:	3411 16TH ST		
-		Enter Florida street address	
	BRADENTON	TVI = 5	34208

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
			□Add
			□Remove
		. -	□Change
			DAdd
			□ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

FEB 26TH 2024	AND ALSO ADDIN	IG A EIN NUMBER 99-1571708
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