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TALL ARMS SEEF E.S. PALE

S. HAWKES

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EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	CT:	TLC Com	panion Care LLC		
		Name of Lim	ited Liability Company		-
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please 1	eturn all correspo	ondence concerning this matter	to the following:		
			Wayne Gregson		
			Name of Person		
			C Companion Care LL	С	
			Firm/Company		
			2047 Chadsworth Dr		
			Address		
Dunedin, FL 34698					
			City/State and Zip Code		
		Way E-mail address: (ne@ticcompanion.cor to be used for future annual repo	n ortification)	nata-
For furt	her information c	oncerning this matter, please of	call:		
		_			
		yne Gregson f Person	at (727)	734-3933 Daytime Telephone Num	1
	Name o	i rerson	Area Code &	Daytime Telephone Num	ider
Enclose	d is a check for th	ne following amount:			
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	Certif (closed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
		ING ADDRESS:	STREET/C	OURIER ADDRESS	:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	companion Care LLC		
(<u>Name of the Limited Liab</u> i (A Flori	<mark>ility Company as it now appear</mark> da Limited Liability Company)	<u>'s on our records.</u>)	
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on	4/22/2009	and assigned
This amendment is submitted to amend the following	;	Ä	99.
A. If amending name, enter the new name of the l	imited liability company her	<u>e</u> :	10 23 TIC
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "I	or the abbievration
Enter new principal offices address, if applicable:			95
(Principal office address MUST BE A STREET AD	DRESS)		DIT TO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a		ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ent	er Florida street add	ress
		Florido	
	City	, Florida	Zin 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> **Name Address** Type of Action **MGRM** Erin Gregson Add Rem 4310 18th St N St Petersburg, FL 33714 Remove ☐ Add Remove Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 18 2009 Dated _ Signature of a member of authorized representative of a member

Page 2 of 2

Wayne Gregson
Typed or printed name of signee

Filing Fee: \$25.00