## 41000/08877

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## **COVER LETTER**

TO:		egistration Section ivision of Corporations						
<b>S</b> UBJE	Family & E	Elder Care Specialist of Florida	LLC					
SUBJE	.CI:	Name of Lim	ited Liability Company					
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		Donovan Thompson						
			Name of Person					
		Family & Elder Care Spec	ialist of Florida LLC					
			Firm/Company					
		PO BOX 1158						
			Address					
		Bradenton, FL 34206						
		City/State and Zip Code						
		donovan@myassetpro.com	to be used for future annual report notifi	ication)				
For fur	ther information c	oncerning this matter, please of		(Carlott)				
Donov	an Thompson		941 896-6190 at ()					
	Name o	f Person	Area Code Daytime	Telephone Number				
Enclose	ed is a check for th	ne following amount:						
<b>=</b> \$25	5.00 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 Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Family & Elder Care Specialist of Florida LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number L11000108877	were filed on Septemb	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:		
	Enter r tortaa st	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capa performance of my o provided for in Chap address, I hereby co	luties, and I am familiar with and ter 605, F.S. Or, if this document is

Page 1 of 3

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

Title Name Address Type of Action

AMBR Nancy Sherbafi 2424 Manatee Ave W #201

Bradenton, FL 34205

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	Onovan Tho	ompson						SSE	7	

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Filing Fee: \$25.00