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Special Instructions to	Filing Officer:	
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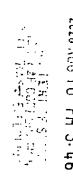
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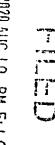


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COVER LETTER

Division of Corporations
SUBJECT: S&B Minadom Care L. C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Patrice Notice Name of Person
S36 Kingdom Call Firm/Company
53 Riviere Will
Palm Coust, Fl. 32164 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patrice 1203 Tes 8465 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

TO:

Registration Section

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

33B hinadem (Lare LIC	2021
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears o da Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability	Company were filed on	2 2011 and assigned
Florida document number LICOC12500	<u>X</u>	PH SI
This amendment is submitted to amend the following:		1920 St. 16
A. If amending name, enter the new name of the lir	mited liability company here:	**************************************
The new name must be distinguishable and contain the words "Li	mited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B If amending the registered agent and/or registered	nd office address an array	and a second of
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	eu office address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida :	street address
		, Florida
	City	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 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>		Type of Action
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effective date is e: If the date i	other than the da listed, the date must be nserted in this block ve date on the Depa	specific and cannot does not meet t	he applicable sta	of filing or more the	(option: an 90 days after fili uirements, this da	al) ng.) Pursuant to 605.020 ate will not be listed a
rnea.				2:01 a.m. on the	e earlier of: (b)	The 90th day after the
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