

L120000 52408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

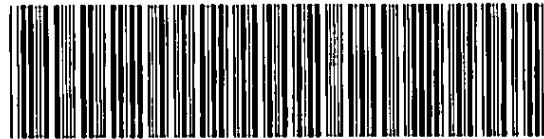
(Business Entity Name)

(Document Number)

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JUN 11 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CARING FOR YOU SUPPORT CARE SERVICES, LLC

\_\_\_\_\_  
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:

VINCENT PAZIENZA, ESQ.

\_\_\_\_\_  
Name of Person

PAZLAW

\_\_\_\_\_  
Firm/Company

23110 STATE ROAD 54 #277

\_\_\_\_\_  
Address

LUTZ, FLORIDA 33549-6933

\_\_\_\_\_  
City/State and Zip Code

CARINGFORYOU@PAZLAW.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VINCENT PAZIENZA ESQ

813

949-9595

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

CARING FOR YOU SUPPORT CARE SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/18/2012 and assigned  
Florida document number L12000052408

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**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)**

CARING FOR YOU SUPPORT CARE SERVICES, LLC  
C/O PAZLAW - 23110 STATE ROAD 54, #277  
LUTZ, FLORIDA 33549-6933

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

PAZLAW

New Registered Office Address:

23110 STATE ROAD 54 #277

*Enter Florida street address*

LUTZ

Florida

33549-6933

*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.*

*[Signature]*  
If Changing Registered Agent, Signature of New Registered Agent

**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>	<u>Type of Action</u>
MGR	ROBINSON, BRENDA	708 CAMELLIA CT	<input type="checkbox"/> Add
		SEFFNER , FL 33584 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAZIENZA, VINCENT	23110 STATE ROAD 54	<input checked="" type="checkbox"/> Add
		#277	<input type="checkbox"/> Remove
		LUTZ, FL 33549 US	<input type="checkbox"/> Change
MGR	RAYMOND, DAWN	23110 STATE ROAD 54	<input checked="" type="checkbox"/> Add
		#277	<input type="checkbox"/> Remove
		LUTZ, FL 33549 US	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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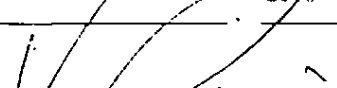
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JUNE 4 2018

NE 4 \_\_\_\_\_ 2018

 \_\_\_\_\_  
Signature of a member or authorized representative of a member

VINCENT PAZIENZA \_\_\_\_\_  
Typed or printed name of signee