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COVER LETTER

TO: Registration Se Division of Cor			
	te Group Home		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
,	Hermite Galette		
		Name of Person	
		Firm/Company	
	528 SE Nome Dr		
		Address	
	Port St Lucie/Florida 3498	14	
		City/State and Zip Code	
	galettecaregh@yahoo.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
Hermite Galette		772 214-2993 at ()	
Name o	l Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)

MAILING ADDRESS:
Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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

GALETTE GROUP HOME LLC		
(Name of the Limited Linbility Company) (A Florida Limited Linb	es it now annears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we	re filed on <u>02/05/2014</u>	_ and assigned
Florida document number L14000020426		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
HERMITE CARE GROUP HOME LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDRESS)	warf	
_	· ·	A COLOR ANIMAGENE COLOR COLOR
	10.5	The second secon
Enter new mailing address, if applicable:	n o	
(Mailing address MAY BE A POST OFFICE BOX)	71	
(Mulling duares MAT BE A FOX OFFICE BOA)		
-		
TO THE 12 AP	RID	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, <u>enter Al</u>	e name of the ne
The state of the s		
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florido street address	
	. Florida	
 	City	Zia 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 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

Title	Name	Address	Type of Action
		***************************************	C3 Add
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			☐ Change
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P.OC. add.	date, if other than : /e date is listed, the date	must be specific and shock does not	d cannot be prior to d meet the applicable	ate of filing or more that statutory filing requ	(optional) in 90 days after filing.) Pr irements, this date wi	ursuant to 605.02 Il not be listed
(If an effective Note: If it document'	he date inserted in this is effective date on the date on the date on the date on the date of the date	yed effective	date, but not a	n effective time,	at 12:01 a.m. on	the earlier
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