L14-000092021

(Re	questor's Name)	
(Ad	dress)	
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Sec Division of Corp			ч
SUBJECT: Pa	omise <u>Care</u> Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Ros	Name of Person	
	Promise	- Case LCC Firm/Company	
	10711 N.	53 rd st. Address	 .
	Tampai	T-L 33617 City/State and Zip Code ise carefl. Lom to be used for future annual report notific	
	info e promi E-mail address: (ise caref). Long	cation)
For further information co	oncerning this matter, please ca	all:	
Shure Ko Name of	Q 5008S Person	at (\$13) 988- Area Code Daytime	Telephone Number
Encly sed is a check for th	e following amount:		
5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Promise Care	LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on ou d Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>LIU000092021</u> .	ny were filed on <i>D</i> {4	0 09 2014 and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited list Promise Construction and		ons LLC
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)	 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	78 HA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter the name of the nev
Name of New Registered Agent:	NIA	6.1.6.
New Registered Office Address:	Enter Florida stre	et 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized	æd to manage	, enter the title	, name, an	<mark>d address</mark> o	f each perso	on being adde	<u>ed</u>
or removed from our records:							

MGR = M $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	NIA	NA	
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			☐ Change
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effective date, if other than the date of filing: $\frac{OB}{A} = \frac{DB}{A} = DB$	(optional) n 90 days after filing.) Pursuant to 605.0 (rements, this date will not be listed	020' d as
ecord specifies a delayed effective date, but not an effective time, ne 90th day after the record is filed.	at 12:01 a.m. on the earlie	r o
d March 21, 2018.		
Signature of a member or authorized representative of a me	ember	

Page 3 of 3

Filing Fee: \$25.00