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	(Requestor's Name)
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COVER LETTER

TO:	Registration Sec Division of Corp									
SUBJ	FCT.	Compassion Co	Compassion Companion Care LLC							
3003	EC1.		ited Liability Company							
The er	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.							
Please	return all correspor	ndence concerning this matter	to the following:							
			Audrey Gayle							
			Name of Person							
		Compas	sion Companion Care	e, LLC						
			Firm/Company							
		1305	Vista Del Lago Blvd							
			Address							
			Oundee, FL 33838							
			City/State and Zip Code							
		info@c	compassioncomp.care to be used for future annual report notifi	(cation)						
For fu	rther information co	oncerning this matter, please ca	•	,						
Audrey Gayle Name of Person			at (<u>863</u>) <u>605-68</u> Area Code Daytime	331 Telephone Number						
Enclo	sed is a check for th	e following amount:								
□ \$2	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 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Compassion Companion Care, LLC

2017 APR 10 PM 2:22

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

, (A Florida Limited L	Liability Company)		ORINZ			
The Articles of Organization for this Limited Liability Company	were filed on	06/27/2014	and assigned			
Florida document number L14000103469						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :				
Compassion Home Care, LLC						
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de	esignation "LLC" or the a	bbreviation "L.L.C."			
Enter new principal offices address, if applicable:	141 West Cen	tral Ave				
(Principal office address MUST BE A STREET ADDRESS)	STE #1					
	Winterhaven, F	FL 33880-6329				
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		our records, enter	the name of the n			
Name of New Registered Agent:			.			
New Registered Office Address:						
	Enter Flori	da street address				
	· · · · · · · · · · · · · · · · · · ·	, Florida				
	Citv		Zip Code			

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

f amendin or removed	g Authorized Person(s) authorized to n I from our records:	nanage, enter the title, name, and address of each person being add					
MGR = Manager AMBR = Authorized Member		FILED					
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Typed or printed name of signee

Filing Fee: \$25.00