(Re	questor's Name)
(Ad	dress)
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`	,
(Cit	ty/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	NOV 1 5 2024
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Office Use Only



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Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

	Amount of Documents	
	Country	
APOSTILLE/NO	ARY CERTIFICATION REQUEST:	
	Of	
(OOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY	
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CORPOR	TIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP	
FILING:		
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PICK ONE:		
	FOR OFFICE USE ONLY	
Indep	ndent Concept LLC	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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Independent Conceptions of the Limited Liability Companies (A Florida Limited	+ LLC pans as it now appears on our records.): A 141 I Liability Company)
The Articles of Organization for this Limited Liability Companifornida document number <u>L 15 00 0004915</u>	by were filed on 1/9/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
Nurtura Home care	LC
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	29 E 56" St
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville FL
	32708
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Jacksonville FL 37208
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 29	e address on our records, enter the name of the new registered Yly Patterson Esta St Enter Florida street address
Jack	Sonville Florida 32-208 Zip Code
and the second and th	A.

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 (gont, 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	<u>Name</u>	Address	Type of Action
MGR	Beverly Pattison	9745 Tauchton rd	©Add
	0 0.0200.1	#927 Jacksonville FL, 322	Remove
			Change
			□Add
			□Remove
			Change
MGR	Beverly Patterson	29 556m st	ZAdd
	0	29 556th st Jacksonville FL 32	2 <i>08</i> ⊡Remove
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Dated	November 15	2024	 •		
the record specord is filed.	ecifies a defayed effective date	, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th d	ay after the
Note: If the	e date is listed, the date must be sp he date inserted in this block do s effective date on the Departn	oes not meet the applic	able statutory filing requ	n 90 days after filing.) Pursuan direments, this date will not	t to 605.0207 (3) be listed as the
. Effective	date, if other than the date e date is listed, the date must be sp	of filing:		(optional)	
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Filing Fee: \$25.00