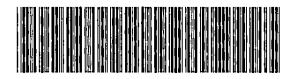
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## **COVER LETTER**

Division of Cor			ميم
SUBJECT:	Eldercraf	t LLC_	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jason	Name of Ferson	
	Eldercr	aftll Firm/Company	
	730	Kayword P	Y
	<u>Orlando</u> Eldera	City/State and Zip Code	32825
	E-mail address: (t	Sattuc @co	notification)
For further information co	oncerning this matter, please ca	all:	,
Jason +	Elder Person	at ( <u>321</u> ) <u>23</u> Area Code Day	1-2440 rtime Telephone Number
Enclosed is a check for th	_		. /
□ \$25.00 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

E/dera	raft LLC	
(Name of the Limited Lia (A Flo	hility Company as it now appears on o rida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number		1471, 205 and assigned
This amendment is submitted to amend the following	<i>:</i>	1.
A. If amending name, enter the new name of the h	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	vet address
		Florida Zip Code
	Cuy	zip Coae

## 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

<u>Title</u>	Name		Address	Type of Action
wher	lampe Jef	Frey Alan Murphy	730 Kaywood Dr Orbardo, FL 32825	🗆 Add
·		v	Orbando, FL 32825	Remove
				Change
				🗆 Add
				□ Remove
		<del></del>		🗆 Add
				□ Remove
				Change
				🗅 Add
				□ Remove
				Change
		<del></del> _		□ Add
				□ Remove
				Change
				□ Add
				_□ Remove
				_□ Change

,	
_	
_	
Note: 11	tive date, if other than the date of filing:
The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Jayon Elder Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00