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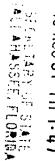
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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COVER LETTER ;*

TO: Registration Sec		K	gi.
SUBJECT: () N	que Home W	7 vP	1 0;
SUBJECT: (1711	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:	
	Jose	E FILISTIN Name of Person	
	Unique H	ome Care. Firm/Company	
	Po Box	(9911 03 Address	
	Naples 1	City/State and Zip Code	
	Unique Home E-mail address: (Clare 9 @ Gmail to be used for future annual report noti	. Low fication)
For further information co	ncerning this matter, please ca	all:	
JOSIE FILIS	Person	at (<u>239</u>) <u>692 -</u> Area Code Daytim	1115 e 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)	□ \$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 TO ARTICLES OF ORGANIZATION OF

ne Care	
iability Company as it now appears on our record Iorida Limited Liability Company)	<u>rds.</u>)
ity Company were filed on <u>July</u> 2	13, 2015 and assigned
ng:	
e limited liability company here:	
"Limited Liability Company," the designation "LI	C" or the abbreviation "L.L.C."
DDRESS)	
registered office address on our recor	ds, enter the name of the new
,	•
Enter Florida street addr	ress
,	Florida
City	Zip Code
	239 Ilimited liability company here: "Limited Liability Company," the designation "LI "Enter Florida street address on our record address here: **Enter Florida street address.**

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 Guehne Toussaint 930 17th St SW Naples FL 34117 ☐ Change Sec Evelyn Napo 5081 20th ctsw Naples FL 34116 □ Add ☐ Remove ☐ Change □ Add Change 1 □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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e: If the date in	listed, the date must be nserted in this block we date on the Depa	c does not me	eet the appl	icable statuto	ory filing req	ian 90 days afte uirements, th	er filing.) Pu is date will	rsuant t not be	o 605.02 e listed a
record specif he 90th day	fies a delayed e after the record	ffective da d is filed.	ate, but n	ot an effe	ctive time	, at 12:01	a.m. on	the e	arlier
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Page 3 of 3

Filing Fee: \$25.00