LIS000191834

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AUG 0 3 2016 S. YOUNG SECRETARY OF STATE
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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	NURTURING C	ARE COMPANIONS, LLC.		
30b3EC1		Name of Limited Liability Company		
	Amendment and fee(s) are sub	•		
		MONICA L. BYRÐ		
•		Name of Person		
	NURT	URING CARE COMPANIONS, LLC. Firm/Company		
		PO BOX 15736		<u> </u>
		Address		
	ST	T. PETERSBURG, FL 33733		\sim
		City/State and Zip Code		TE
		ngearecompanions@hotmail.com to be used for future annual report noti	fication)	8: 03 23
For further information c	oncerning this matter, please c	all:		**************************************
	L. BYRD	at (_727) _550-7294		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
Registr	ING ADDRESS: ation Section n of Corporations	STREET/COURI Registration Section Division of Corpor	on	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	COMPANIONS, LLC. npany as it now appears on our recorded Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compared Florida document number <u>L15000191834</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The same the district that the same that the		
The new name must be distinguishable and contain the words "Limited Li	ability Company, the designation "LLC	C for the abbreviation "L.L.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3601 1ST AVENUE NOR	TH
Timequi office duaress MOST BLASTRELT ADDRESS)	ST. PETERSBURG, FL 33	507
Enter new mailing address, if applicable:		ANA STATE
(Mailing address MAY BE A POST OFFICE BOX)	PO BOX 15736	
	ST. PETERSBURG, FL 33	3733 a 5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ਫ਼ਿ ls, <u>enter the name of the nev</u>
Name of New Registered Agent: N/A		
New Registered Office Address: N/A		
	Enter Florida street addre	255
	, F	lorida
New Registered Agent's Signature, if changing Registered Age	•	ing cont
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a	 igree to act in this capacity. I fu ete performance of my duties, a	nd I am familiar with and

N/A

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>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	□ Add
			□ Remove
			Change
			☐ Add
			☐ Remove
			☐ Change
			DGAdd PAR
			□ Remove
			☐ Change
MATERIAL TO THE PARTY OF THE PA			
			Remove
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			□ Change

Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. The 90th day after the record is filed. The 90th day after the record is filed.			
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The 90th day after the record is filed.	an effective date is listed, the date must be specific and cannot be prior to date of filing or ote: If the date inserted in this block does not meet the applicable statutory filing or other than the date inserted in this block does not meet the applicable statutory filing or other date.	more than 90 days after filing.) Pursuant to 605.	.02) ed a
nted <u>Suly 27</u> . <u>2016</u> .	record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the earlie	er o
- 40/1 may f. Dyw	Monica L. Byrd		
	Signature of a Member or authorized representation	ve of a member	

Page 3 of 3

Filing Fee: \$25.00