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## **COVER LETTER**

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SURIFCI	Precise Ho	mecare Services, LLC					
SUBJECT	•	Name of Lim	ited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retu	ırn all correspo	ondence concerning this matter	to the following:				
		Rebecca Jacques					
			Name of Person				
		Precise Care Services					
			Firn/Company				
		130 South Indian River Dr	dian River Drive, Suite 220				
		<del></del>	Address	<del></del>			
		Fort Pierce, FL 34950					
		City/State and Zip Code					
		r.jacques@precise.care					
		E-mail address: (	to be used for future annual report notiff	cation)			
For further	r information c	concerning this matter, please co	all:				
Rebecca Ja	acques		772 324-6181				
	Name o	of Person	at ()at () Daytime	Telephone Number			
Enclosed i	s a check for t	he 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 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:

1

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Precise Homecare Services, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/04/2016 and assigned Florida document number \_\_\_\_\_L16000001845 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Precise Care Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 130 South Indian River Drive Suite 220 Enter new principal offices address, if applicable: Fort Pierce, FL 34950 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

## 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 <u>Address</u> **Type of Action** \_□ Add \_\_\_\_\_ Remove \_\_ Change \_□ Add \_□ Remove \_□ Change \_□ Remove \_\_\_\_ Change \_□ Add \_□ Remove \_ Change □ Add ☐ Remove ☐ Change

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Page 3 of 3

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