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(Re	questor's Name)	
(Ad	dress)	
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## **COVER LETTER**

Division of Corporations		
SUBJECT: Nondu	Name of Limited Liability Company	L.L.C

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eyerusatom A	Hour
MONDU JAXES	260
1143 M Orango	Auc
Tanahassee, FL,	32310
City/State and Zip Code  A J J J ON J J O V O M  1: nail address: (to be used for future annual report notification)	n. Com

For further information concerning this matter, please call:

Eyonuaion	H14 (813)	629-2318	
Name of Person	Area Code	Daytime Telephone Number	

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

TO:

Registration Section

□ \$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

(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 6/1/18/20/6 and assigned Florida document number Good 12607
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:  CARE L. C.  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  32351
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  3668 Bltt more Atto  TOUR halse FE  3231
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Nairie of New Registered Agent: EYEMUGIEM A HIVE
New Registered Office Address: 3663 BILL MOVE AVE.  Enter Florida street address
City Florida 3231

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
MGR	Eyenhalem	3668 BNHmore	<b>D</b> Add
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Filing Fee: \$25.00