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## COVER LETTER

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For further information concerning this matter, please call:
E-mail address: (to be used for future annual report northealion)
City/Slate and Zip Code
842EE 29 5TM
Address
17695 N. Dale Mabry.
Firm/Company
Care Wherty LLC
Name of Person
Muni Frank
Please return all correspondence concerning this matter to the following:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Name of Limited Liability Company
subject: Cute hiberty LC
OT: Registration Section

at  $(\frac{813}{)}$  Algorithme Telephone Number Man Mank

Enclosed is a check for the following amount:

(additional copy is enclosed) Certified Copy Certificate of Status & ,597 gnili7 00.08

(additional copy is enclosed) Certified Copy 38 55.00 Filing Fee &

Certificate of Status 38 594 gnili∓ 00.0€2 🔀

525.00 Filing Fee

# Registration Section STREET/COURIER ADDRESS:

Tallahassec, FL 32301 2661 Executive Center Circle Clifton Building Division of Corporations

### **WYIFING YDDKE28:**

Tallahassee, FL 32314 P.O. Box 6327 Division of Corporations Registration Section

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cafe libe	ity ccc
(Name of the Limited I	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabilifornida document number 41600000	, , , , , , , , , , , , , , , , , , , ,
This amendment is submitted to amend the following	ng:
	LLC: "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	
(Principal office address MUST BE A STREET A	DDKESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO.)	<u>xy</u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	25 P
New Registered Office Address:	Enter Florida street address
	Florida
_	City Zip Code

### 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 =	<b>Authorized</b>	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date of filing:	(optiona	d) <sup>S</sup>	5	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9  Note: If the date inserted in this block does not meet the applicable statutory filing require	0 days after fili: ments, this da	ng.) Pursua te will not	nt to 605 be list	6.0207 (3) ed as the
document's effective date on the Department of State's records.	_			
		n. on the	e earli	er of:
the record specifies a delayed effective date, but not an effective time, at	: 12:01 a.m			
The 90th day after the record is filed.	: 12:01 a.m			
The 90th day after the record is filed.	: 12:01 a.m			
Dated 3 22 16  Dated Muxe Colonial.				
) The 90th day after the record is filed.				

Page 3 of 3

Filing Fee: \$25.00