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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | : |
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COVER LETTER

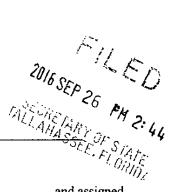
| | Registration Se Division of Cor | | | |
|------------|------------------------------------|--|---|--|
| SUBJEC | | RE GROUP HOME LLC | | |
| SOBJEC | .1 | Name of Lim | nited Liability Company | |
| | | | | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please ret | turn all correspo | ondence concerning this matter | to the following: | |
| | | KATHLEEN ARIAS | | |
| | | | Name of Person | |
| | | • | | |
| | | | Firm/Company | |
| | | 509 SW DAHLED AVE | • | |
| | | | Address | |
| | | PORT ST LUCIE, FL 349 | 53 | |
| | | | City/State and Zip Code | |
| | | hearttoheartcare7@gmail.co | om to be used for future annual report notifi | |
| For furthe | er information c | oncerning this matter, please ca | • | cation) |
| | EEN ARIAS | oncorning this matter, preuse et | 954 541-4379 | |
| - | | f Person | | Telephone Number |
| | | i i cison | Area code Dayime | reteptione (variable) |
| Enclosed | is a check for th | ne following amount: | • | |
| □ \$25.0 | 0 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



WELLCARE GROUP HOME 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 Com | npany were filed on | and assigned | |
|---|---|---------------------------------|--|
| Florida document number L16000025457 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | d liability company here: | | |
| HEART TO HEART CARE LLC | | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LL | C" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| • •• | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | _ | |
| B. If amending the registered agent and/or register registered agent and/or the new registered office addres. | | is, enter the name of the new | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , F | lorida | |
| | 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 amend | If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records: | | |
|--------------|---|--|----------------|
| MGR = | Manager - Authorized Member | Address Add | |
| <u>Title</u> | <u>Name</u> | Address ALLANDARY 2: 44 | Type of Action |
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| ffective date, if other than the an effective date is listed, the date mus | t be specific and cannot be prior to | date of filing or more than 9 | (optional) 00 days after filing.) | Pursuant to 605.020 |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00