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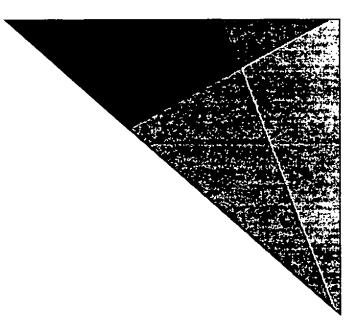
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NORTH FLORIDA CARE SERVICES

Clarance A. Cobb Sr. Co-Owner / CEO

Traviding Excellent Health Care

To whom this may concern:

Please add Clarance Cobb, Sr. as Co-Owner and CEO of North Florida Care Services, LLC. Should you have additional questions, or comments, please give me a call at 904-413-2300.

1225. W. Beaver St.

Suite 119

Jacksonville, FL 32204

Sincerely,

Felicity L. Herring

Founder/COO

North Florida Care Services

1225 West Beaver St., Suite 119 Jacksonville, FL 32204 (470) 418-7610

clarance.cobbsr@northfloridacareservices.com

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	North Florid	a Care Services	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Clarance /	A. Cobb Sr. / Felicity Herr	ing
		Name of Person	
	North Flor	ida Care Services	
		Firm/Company	
	1225 West Beaver S	treet Ste 119	
		Address	
	Jacksonville, Flo	rida 32204	
		City/State and Zip Code	Company illing. wing: r. / Felicity Herring of Person Services //Company Ste 119 ddress 4 and Zip Code il.com r future annual report notification) A70 Arca Code Daytime Telephone Number Do Filing Fee & ified Copy tional copy is enclosed) Certificate of Status & Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy
	Northfloridacareserv	ices@gmail.com	
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please co	all:	
Clarance A. Cob	b sr.	at (_470)418-7610	
Name o	f Person	Area Code Daytime	ee 119 de 119 418-7610 Daytime Telephone Number cc & □ \$60.00 Filing Fee, Certificate of Status &
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)	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

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

North Florida Care Services LLC.

(A Florida Limited	Liability Company	ears on our records.) y)			
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on	02-23-2016	and	assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	oility company	<u>here</u> :			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," th	c designation "LLC" or the ab	breviation	"L,L.C."	-
Enter new principal offices address, if applicable:					_
(Principal office address MUST BE A STREET ADDRESS)			<u>-</u>	919	_
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Enter new mailing address, if applicable:			,	0	
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(Mailing address MAY BE A POST OFFICE BOX)				<u>. ထု</u> ယ	- ·
registered agent and/or the new registered office address her Name of New Registered Agent:	<u>re</u> :				_
New Registered Office Address:					
New Registered Office Address.	Enter F	lorida street address			-
		, Florida			
	City		Zip Co	de	-
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance provided for in	of my duties, and I am f i Chapter 605, F.S. Or,	amiliar v if this do	with and ocument is	
If Cha	nging Registered	Agent, Signature of New Re	gistered A	gent	

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>	<u>Address</u>	Type of Action
Co-owner	Clarance A. Cobb Sr.	1225 West Beaver Street Jacksonville,Florida 32204	<u>*</u> Add
			☐ Remove
		1225 West Beaver Street	Change
CEO	Clarance A. Cobb Sr.	TAX, FL 32204	X□ Add
		-	Remove
			Change
		1225 West Beaver Street Jacksonville, Florida 32204	☐ Remove
			Change
			Add
			Remove
		 	Change
			□ Remove
			Change
			🗖 Add
			Remove
			Change

	Mr.	Cobb a	s Co-o	wner	and	CEO	of N	orth	Flor	ida Ca	are Se	ervice	S LL	<u>.</u>			
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