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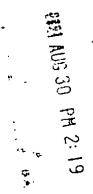
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North Florida Care Services LLC SUBJECT: _____ Name of Limited Liability Company distribution distribution and the second of the color of The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Clarance A. Cobb Sr./ Felicity L. Herring Name of Person North Florida Care Services LLC Firm/Company 1225 West Beaver Street, STE 119 Address Jacksonville, Florida 32204 City/State and Zip Code Northfloridacareservices@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: clarance A. Cobb 418-7610 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: X□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

ARTICLES OF AMENDMENT

TO
ARTICLES OF ORGANIZATION
OF

North Florida Care Services LLC

(Name of the Limited Liability Company as i (A Florida Limited Liability	t now appears on our reco y Company)	rds.)
The Articles of Organization for this Limited Liability Company were Florida document numberL16000038188	filed on	and againma
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability c	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		. 2
		က်
Enter new mailing address, if applicable:		. 0
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
muning undress MAT BE AT OST OFFICE BOX)		70
	· · · · -	. 5
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here: Name of New Registered Agent:	ss on our records, <u>ent</u>	er the name of the new reg
New Registered Office Address:		
	Enter Florida street addi	ress
		Florida
C	îty	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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Felicity L. Herring	1225 West Beaver Street. STE 119 Jacksonville, Fl 32204	X□Add
			□Remove
		1225 West Beaver Street. STE 119	□Change
AMBR	clarance A. Cobb Sr.	Jacksonville, Fl 32204	^X □∧dd
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