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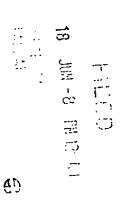
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: CHAV	EZ DEL SALTO CARE & S	SUPPORT LLC				
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	MA	MANUEL CHAVEZ ORTEGA				
	-	Name of Person				
	CHAVEZ DEL SALTO CARE & SUPPORT LLC Firm/Company 2726 Oak Ridge Ct. # 502 Address FORT MYERS FLORIDA 33901 City/State and Zip Code mchavez@seniorhelpers.com					
	CHAVEZ DEL SALTO CARE & SUPPORT LLC Firm/Company 2726 Oak Ridge Ct. # 502 Address FORT MYERS FLORIDA 33901 City/State and Zip Code					
		Address				
	FOR					
		City/State and Zip Code				
	m C = will mid He way	chavez@seniorhelpers.com	:cti			
		·	Hication)			
ror luriner information c	concerning this matter, please c	an;				
MANUEL CHAV	EZ ORTEGA	at (239)227-070	08			
Name o	of Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for t	he fallowing amount:					
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Regist Divisio P.O. B	JNG ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Section Division of Corpo Clifton Building	on prations			
Tallah	assee, FL 32314	2661 Executive C	enter Circle			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHAVEZ DEL SALTO CARE & SUPPORT LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) October 04, 2016 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L16000184572 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CDS CARE & SUPPORT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 65 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 = A	Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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reffective date is fisted, the dat te: If the date inserted in the	the date of filing: the must be specific and cannot be prior to one in the block does not meet the applicable the Department of State's records.		fter filing.) Pursuant to 605.020
record specifies a dela he 90th day after the	ayed effective date, but not a record is filed.	n effective time, at 12:0	1 a.m. on the earlier o
ed June 4", 2	-611000	ed representative of a member	
	X \ \ \ '	•	

Page 3 of 3

Filing Fee: \$25.00