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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	



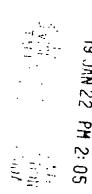


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M. MILLIGAN JAN 22 2019

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: LOYE A	nd Kindness I Name of Limi	Disabled And Elder	ly Companionship LLC
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Vanita Ba	Wick Name of Person	
	Love And Kin	ndness Disabled And	Elderly Companionship LLC
	1180 West W	behington 3t Sui	te C.
	Monticello	FL. 32344 City/State and Zip Code	
	loveand Kindne E-mail address:	sscheel @ amail. Co	Cation)
For further information con	cerning this matter, please ca	all:	
Vanita Bou	DiCK erson	at (<u>850</u>) <u>910 - 1</u> Area Code Daytime	Telephone Number
Enclosed is a cheek for the	following amount:		
\$25.00 Filing Fee	■ \$30.00 Filing Fec & 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

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 JAN 22 PH 2: 16
SECRETARY OF STATE
FAIR AMASSEF, FLORIDA

Love And Kindness Disabled And Elderly Companionship 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 Company were filed on $1-1-16$. Florida document number 410000225835 .	and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable: Love And Kindness	is Disabled And Elderly C 1180 West Whishington St			
(Principal office address MUST BE A STREET ADDRESS) Suite C Montice	110-11-12-1			
Enter new mailing address, if applicable:	nington St SuiteC			
(Mailing address MAY BE A POST OFFICE BOX) Nortice No Fl	Monticello Fl. 32344			
B. If amending the registered agent and/or registered office address on our recorregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 1375 Puller Rd Homer Florida street address	Pt 335			
Tallalassee	Florida Fl. 32303			
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 =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
		<u></u>	□ Add
			☐ Remove
		2000 1112	Add
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(If an effecti Note: If	date, if other than the date is listed, the date in this date inserted in this c's effective date on the	nust be specific and o block does not me	cannot be prior to eet the applicabl			ling.) Pursuant to 605	
	d specifies a delay Oth day after the re		ate, but not a	an effective tin	ne, at 12:01 a.i	m. on the earli	er of:
	1 1						
Dated	<u>1-22-19</u>						
Dated) .k				1200	201
Dated	1-22-19 V=D-P) .k	ember or authoriz	ed representative of	a member	72.00 27.00 27.00 20.00	2019 JAN 22

Page 3 of 3

Filing Fee: \$25.00