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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 5+c	Fanelli Lau Name of Lim	In Care LU	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Daniel R	Stefanciui Name of Person	
	Stefanelli	Campany Care	LLC
	11555 Green	hand Hiclaw	ay pre
	Jacksonnii	CinyState and 7 in Code	<u> </u>
	Ryan St E-mail address: (1	CANULU 8500 to be used for future annual report notif	amail. (om
For further information co	oncerning this matter, please ca	all:	
Chelsea S Name of	teranew Person	at Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 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

(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 12 14 2011 and assigned Florida document number Library Lipidal Liability Company were filed on 12 14 2011 and assigned Florida document number Library Lipidal Liability Company were filed on 12 14 2011 and assigned Florida document number Library Lipidal Liability Company were filed on 12 14 2011 and assigned Florida document number Library Lipidal Liability Company were filed on 12 14 2011 and assigned Florida document number Library Lipidal Liability Company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new 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

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.

City

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> <u>Address</u> Type of Action Daniel R Stefenelli 11555 Greenland Hidlemay 2/200 □ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove 중 Chapp □ Add □ □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove

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Filing Fee: \$25.00