L17000024497

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2020 AUG 24 AM 8: 23 SECRETARY OF STATE



COVER LETTER

SUBJECT:	AGING WITH CARE,	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles (of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Danijela Beltrano		
		Name of Person	
	Aging With Care, LLC		
		Firm/Company	
	2423 NW 123RD A\	/ENUE	
		Address	
	CORAL SPRINGS,	FL 33065	
		City/State and Zip Code	
	info@agingwithcareu	is.com	
For further information	e-mail address: (concerning this matter, please c	to be used for future annual report notif	rication)
Benjamin L. Beltra		at (917) 841-6327 Area Code Daytime	
Name	e of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the 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)
	LING ADDRESS:	STREET/COURI Registration Section	

Registration Section
Division of Corporations

P.O. Box 6327

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

AGING WITH CARE, LLC

2020 AUG 24 AM 8: 23

(Name of the Limited Liability Company as it now appears on our records.)

SECRETARY OF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 01/31/2017 and assigned Florida document number L17000024497 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 "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 2423 NW 123RD AVENUE CORAL SPRINGS, FL 33065 (Principal office address MUST BE A STREET ADDRESS) 1615 S Congress Ave, Suite 103, Enter new mailing address, if applicable: Delray Beach, FL 33445 (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>	Address	Type of Action
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			☐ Change
			D Add
			□ Remove
		·	□ Change
			☐ Remove
			□ Change
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fective	date, if other than	the date of filing	•		(optional)	
<u>ote:</u> If t		is block does not m	eet the applicable		90 days after filing.) Pursuar ements, this date will not	
The 90	Ith day after the	record is filed.			t 12:01 a.m. on the	earlier of
ated	August	<u> </u>	2020	_		
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			aco	d representative of a mer		

Typed or printed name of signee