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Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: CHEERFUL GIVERS HOME CANE, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
LEEF CHERY Name of Person
Name of Person
CHEERFUL GIVERS HOME CARE LLC
1093 E. HARRISON ST. Address
OVIESO, FL 32765 City/State and Zip Code /ONESTARBUSINESS @ gmail. Com E-mail address: (to be used for future/admual report notification)
For further information concerning this matter, please call:
LEEF CHENY at (407) 605-5925 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \(\text{Certificate of Status} \) \(\text{Certificate of Status} \) \(\text{Certified Copy} \) \(\text{cadditional copy is enclosed} \) \(\text{Certified Copy} \) \(Cer

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 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 Compa (A Florida Limited)	LONE CARE, LLC
(X Florida Limited)	Ciability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{O2//9//7}{}$ and assigned
The Articles of Organization for this Limited Liability Company Florida document number <u>L/700003</u> 223.0	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1093 E. HARRISON ST. DVIEDO, FL 32765
Principal office address MUST BE A STREET ADDRESS)	OVIEDO, FL 32765
Enter new mailing address, if applicable:	1093 E. HARRISON ST.
(Mailing address MAY BE A POST OFFICE BOX)	1093 E. HARRISON ST. DVIGGO, FL 32765
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new e:
Name of New Registered Agent: LEE	F CHERY
New Registered Office Address: /093	5. HARAISON ST.
OVIED	City Florida 32765 Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•

Thereby 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 Rigistered 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	uthorized Member		
<u>Title</u>	Name	Address 1093 E. HANNSON ST OVIESO, FL 32765	Type of Action
<u>Mb-R</u>	LECT CHERY	OVIESO, FL 32765	Add Remove
		<u> </u>	
AMBR	LEGF CHEAY	1093 E. HARMSON ST. OVIEDO, PL 32765	Add
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f an eff <u>Note:</u>	ve date, if other than the date of filing:
ne rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated .	$\frac{9/20}{2017}$
	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00