## L17000046835

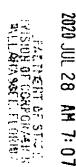
| (Re                     | questor's Name)    |             |
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| (//u                    | u1ess)             |             |
|                         |                    |             |
| (Cit                    | ty/State/Zip/Phone | #)          |
| PICK-UP                 | ☐ WAIT             | MAIL        |
|                         |                    |             |
|                         | siness Entity Nam  | ne)         |
| (Bu                     | Siness Chury Nam   | ie <i>)</i> |
|                         |                    |             |
| (Do                     | cument Number)     |             |
|                         |                    |             |
| Certified Copies        | Certificates       | of Status   |
|                         |                    |             |
|                         |                    |             |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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Office Use Only



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07/28/20--01038--004 \*\*25.00



SEP 1 9 2020

S. YOUNG

## **COVER LETTER**

TO:

Registration Section

| Division of C            | Corporations                                   |   |  |
|--------------------------|--|---|--|
| Tender                   | Loving Care Sitters "L.L.C."                   |   |  |
| SUBJECT:                 | Name of Lim                                    | nited Liability Company   |  |
| The enclosed Articles    | of Amendment and fee(s) are sub                | omitted for filing.   |  |
| Please return all corre  | espondence concerning this matter              | to the following:   |  |
|                          | Elizabeth Green                                |   |  |
|                          |  | Name of Person  |  |
|                          | Tender Loving Care Sitter                      | s   |  |
|                          |  | Firm/Company  |  |
|                          | 625 ne 130 street                              |   |  |
|                          |  | Address   |  |
|                          | Miami FLORIDA 33161                            |   |  |
|                          |  | City/State and Zip Code   |  |
|                          | Elizabethgreen334@gmail.                       | com  to be used for future annual report notif                      | Gestion)   |
| For further information  | on concerning this matter, please c            |   | incution,  |
| Elizabeth Green          |  | 786 768-5855<br>at ( )  |  |
| Nan                      | ne of Person                                   |   | e Telephone Number   |
| Enclosed is a check fo   | or the following amount:                       |   |  |
| ■ \$25.00 Filing Fee     | : □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                          | on Section<br>f Corporations                   | Street Address:<br>Registration Sec<br>Division of Corp             | porations  |
| P.O. Box 6<br>Tallahasse | 6327<br>e, FL 32314                            | The Centre of T<br>2415 N. Monroo<br>Tallahassee, FL                | Street, Suite 810  |

## 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)

| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                           | ç   |                     |
|---|---|---------------------|
| The Articles of Organization for this Limited Liability Co        | ompany were filed on 2/28/2017                          | and assigned        |
| Florida document number 1.17000046835                             |   |                     |
| This amendment is submitted to amend the following:               |   |                     |
| A. If amending name, enter the new name of the limit              | ed liability company here:                              |                     |
| The new name must be distinguishable and contain the words "Limit | ed Liability Company," the designation "LLC" or the abb | reviation "L.L.C."  |
| Enter new principal offices address, if applicable:               |   |                     |
| (Principal office address MUST BE A STREET ADDRI                  | ESS)  |                     |
|   |   |                     |
| Enton non malling address if anniloshing                          |   |                     |
| 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 register |
| agent and/or the new registered office address here:              |   |                     |
| Name of New Registered Agent:                                     |   |                     |
|   |   |                     |
| New Registered Office Address:                                    | Enter Florida street address                            |                     |
|   | , Florida   |                     |
|   | City  | Zin Code            |

## 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 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 |
|--------------|----------------|---------------------------------------|----------------|
| AMBR         | Lucien Richard | 625 ne 130 street Miami Florida 33161 | <b>=</b> Add   |
|              |                |                                       | □ Remove       |
|              |                |                                       | □Change        |
|              |                |                                       | □Add           |
|              |                |                                       | Remove         |
|              |                |                                       | □ Change       |
|              |                |                                       |                |
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|              |                |                                       | □Change        |
| <del></del>  |                |                                       |                |
|              |                |                                       | □Remove        |
|              |                |                                       | FIC bange      |

| an effecti<br>To <u>te:</u> If t | date, if other than the date of filing:   |
|----------------------------------|---|
| record sp                        | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| i is titeu.                      |   |
| 7/7                              | 24/2020   |
| 7/7                              | Chartes Sie   |
|                                  | Signature of a member or authorized representative of a member  |

Filing Fee: \$25.00