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SUBJECT:	· · · · · · · · · · · · · · · · · · ·	ST COMPANION CARE SEE	RVICES, LLC	
SOBJECT.		Name of Limit	ted Liability Company	
The enclose	d Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please retur	n all correspon	dence concerning this matter t	o the following:	
		MICHELLE S. MOSELY		
			Name of Person	
			Firm/Company	
		2896 PLUM ORCHARD D	DRIVE	
			Address	
		ORANGE PARK, FLORIE	DA 32073	
			City/State and Zip Code	
		MIZZMOSELYI@YAHOO		
		E-mail address: (t	o be used for future annual report notifi	cation)
For further	information co	ncerning this matter, please ca	ill:	
MICHELL	E MOSELY		904 861-4585	
	Name of	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

FIRST COAST COMPANION CARE SERVICES, LLC

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

(A Florida Lim	nited Liability Company)			
The Articles of Organization for this Limited Liability Comp	pany were filed on 3/16/17		and ass	igned
Florida document number L17000060580				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
THE BOSSY BUTTERFLY, LLC				
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" (or the abbrev	iation "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES		:	### 5/2	
(Timeparome adapts most be trottes) to see	<u> </u>	•	(-1)	•
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Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u>;_</u>		
		•	Q.	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the	name	of the ne
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address		-	
	, Flor	ida	Zip Code	
	Cny		гар соос	

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ctive date, if other than th	ne date of filing:	- cer	(optional)	
2: If the date inserted in this begins the control of the contr	ust be specific and cannot be prior to date block does not meet the applicable s	tatutory filing requirer	nents, this date will	not be list
ment's effective date on the l	Department of State's records.			
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December 1	$\frac{1}{\sqrt{1000}}$	().	:	17 0.5
d December 1	Signature of a member or authorized	representative of a member	eer .	17 DEC - 5

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Filing Fee: \$25.00