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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Cracker Yard Care 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:
Kimberly Hensel Name of Person
Cracker Yard Care Firm/Company
105 Sidney Ct
Rotorda West FL 33947 City/State and Zip Code
Khensel 1119 69 mail com E-mail address: (to be used for future angual report notification)
For further information concerning this matter, please call:
Kimberly Hensel at 941, 8303495  Name of Person Area Gode Daytime Telephone Number
Name of Creeking State Code Dayline (Ceptione Codine)
Enclosed is a check for the following amount:
S25.00 Filing Fee Sa0.00 Filin

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

Cracker Yard Ca	re LLC	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L170066</u> 7414 3	were filed on April 18, 2017 and assigned	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Cracker Home and Yard ( The new name must be distinguishable and contain the words "Limited Liabi	Care LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C.	••
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	105 Sidney Ct Rotonda West, FL 3394	17
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	105 Sidney Ct Rotonda West, FL 3394	<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the nev
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida street address ;-	11 =
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New Registered Agent's Signature, if changing Registered Agent:	: <b>:</b>	Ö
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further agre <b>£t</b> o≩co <b>m</b> ply v	with the

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 jamiliar 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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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