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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Precials Moments Home Care Services, LL
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Patrice Paull-Gachau Name of Person
Firm/Company
1691 GrandeFlora avenue
Clermont, FL 34711 City/State and Zip Code
precious moments. home care @ aol, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patrice Pouch-Gachauat (407), 738-7141  Name of Person  Name of Person  Name of Person  Name of Person
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Precious Moments to (Name of the Limited Liability Companie) (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $5/11/17$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabing Bush nees Avenue Renter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: ONY (Mailing address MAY BE A POST OFFICE BOX)	1691 GrandeFlora avenue Clermont, FL 34711
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

### 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 21 AUG 72 FILLS: 44	Type of Action
1R	Emmanuel Gacha	Address 1691 GlandeFlora ave Ju Clermont, FL 34711	_ tradd
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1) Principal address
14 E. Washington St Suite 3502 PHIZE 44
Orlando FL 32801
2) Mailina Address
1191 GrandeFlora avenue
Clermont Fl 34711
OK. Mamaer
3) Registed Agent Address
Patrice Pawell-Gachau
1691 Grande Flora avenue
Clermont, Fl 34711
CIETTION, PL STIII
E. Effective date, if other than the date of filing:
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated <u>July 27</u> . <u>2021</u> .
Potrice Poull - Cachau Signature of a member or authorized representative of a member
Patrice Powell-Gachay Typed or printed name of signee