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			mendment and fee(s) are sub dence concerning this matter	-	
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			Nelcie Ecclesiatre		
				Name of Person	
				Firm/Company	
			100 Belmont Drive		
				Address	
			Saint Johns, FL 32259		
				City/State and Zip Code	
			elncareservices@gmail.c		
				to be used for future annual report noti	fication)
For furth	er inf	ormation co	ncerning this matter, please c	all:	
Nelcie Ecclesiastre		904 802-2405 at ()			
		Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	l is a	check for the	e following amount:		
\$25 .	00 Fi	ling 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)
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	Tall	ahassee, Fl	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 J - 15 - 11 9:24 ELN Care Services, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on June 7, 2020 _____ and assigned Florida document number L17000115719 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ELN Home Health Services, LLC The new name must be distinguishable and contain the words "Limited Liability 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) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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

Title	<u>Name</u>	Address	Type of Action
CEO	Nelcie Ecclesiastre	100 Belmont Dr Saint Johns, FL 32259	🗆 ^dd
			□Remove
	Elysee Ecclesiastre	100 Belmont Dr Saint Johns, FL 32259	□Add
			□ Remove
			□Change
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