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(Re	equestor's Name)	
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Section Division of Corporation	s	₹. ,	·	
SUBJECT:	INCERE (Name of Vamited 1.	CARING,	LLC	
The enclosed Articles of Amendu	nent and fee(s) are submitted	I for filing.		
Please return all correspondence of	oncerning this matter to the	following:		
	Phyllis_	Ze//ers		
	Sincere	V Caring Film/Company	, LLC	/! L-
	<u>,G14.</u>	OR and	E AVE	
C	CARMITER CI	ry/State and Zip Code	3375€	73
	Phy//15 20	ellese housed for future annual repo	Amail.Co	M
For further information concerning	g this matter, please call:			
Phylls Name of Person	Zellers	at (<u>727</u>) Area Code 13	593 - 82 Daytime Telephone Number	121
	•	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	D Certified C	of Status &

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

Sincerely (Name of the Limited Lia	nda Lamited Liabii	Ry Combany)		÷	
The Articles of Organization for this Limited Liability Florida document number _2003 000 7.	y Company wei 5772	e filed on _ 6 -	6-2017	and ass	igned
This amendment is submitted to amend the following	ζ:				
A. If amending name, enter the new name of the	limited liability	company here:			
The new name must be distinguishable and contain the words "	Limited Liability (lompany," the designat	ion "LLC" or the al	obseviation "L	J.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AL	DDRESS) _				
				17 JUL	1
Enter new mailing address, if applicable:	- ()			$\frac{c_{i}^{2}}{c_{i}^{2}} = \frac{\omega}{c_{i}^{2}}$	
(Mailing address MAY BE A POST OFFICE BOX	<u>v</u> -			i	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered offic address here:	ee address on our	records, ente	The Man	of the new
Name of New Registered Agent:				<u></u>	
New Registered Office Address:		Enter Florida s	rect address		
-		Cuy	, Florida _	Zip Coo	

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 = Ma AMBR = Au	nager Borized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	Timothy Coffing	614 Orange Avenue	- Tád
		614 Orange Avenue CleArwater, FL 3375	E [] Remove
			[] Change
AMBR.	Elizabeth Coffing	5158 6th STREET N	Th Add
		5158 6th STreeT N ST. Pekrsburg FL 332	3 🛮 Remove
			[] Change
			Remove
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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 Note: If the date inserted in this block does not meet the applicable statutory filing requiren document's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 605,0207 nents, this date will not be listed as
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at	ients, this date will not be listed as
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	ients, this date will not be listed as
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 Note: If the date inserted in this block does not meet the applicable statutory filing requiren document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed. Dated 7-25 20/7 Signature of a member of authorized representative of a member of authorized representative of a member of pointed name of signee.	12:01 a.m. on the earlier of

Page 3 of 3

Filing Fee: \$25.00