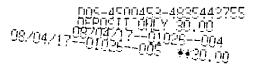
## 

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only







## **COVER LETTER**

TO: Registration Se Division of Cor			·		
	ELLENT CARE LLC		•		
Name of Limited Liability Company					
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	YOSLEIDY GARCIA RO	DRIGUEZ			
		Firm/Company			
	13385 SW 72 TERR				
		Address			
	MIAMUFL 33183				
City/State and Zip Code					
	YOSLEIDYGARCIA@YA				
	E-mail address: (	to be used for future annual report notific	ration) — — :	•	
For further information co	oncerning this matter, please ca	all:			
YOSLEIDY GARCIA RODRIGUEZ		786 6197677 at ()		· .	
Name of Person Area Code Daytime Telephone Number			l'elephone Number	- -	
				•	
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	□ \$60.00 Filing F Certificate of \$ Certified Copy (additional copy is	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

YJW EXCELLENT CARE LLC

company has been notified in writing of this change.

( <u>Name of the Limited Liability Company as it now appears on our records.)</u> (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{07/12/2017}{}$ and assigned Florida document number $\frac{1.17000149842}{}$ .
This amendment is submitted to amend the following:
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 Company," the designation "LLC" or the abbreviation "LLC."
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 registered agent and/or the new registered office address here:
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 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

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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
AMBR	ILIANA E RODRIGUEZ TORRES	13385 SW 72 TERR	Add
		MIAMI FL 33183	Remove
			Change
<del></del>			□ Add
			Remove
			Change
			Add
		•	Remove
		· · · · · ·	Change
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