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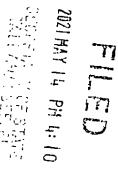
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COVER LETTER

TO: Registration Se Division of Cor			
Manasota C	fares, ELC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	indence concerning this matter	to the following:	
	Kelly Ortega		
		Name of Person	
	O Systems		
	-	Firm Company	
	1832 Bayonne St		
		Address	
	Sarasota, FL		2021 IIAY 14
	·	City/State and Zip Code	
	kellyr127@gmail.com		,
For further information c	E-mail address; (concerning this matter, please c	to be used for future annual report notificall;	ition)
Kelly Ortega		941 504 3101	
Name o	r' Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing 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)
<u>Mailing Addres</u> Registration	Section	<u>Street Address:</u> Registration Secti	
Division of C P.O. Box 632	•	Division of Corpo The Centre of Tal	
Tallahassee.		2415 N. Monroe S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Manasota Cares LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
ne Articles of Organization for this Limited Liability Con	npany were filed on 9/7/2017	and assigned
orida document number L17000190259		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limite	d liability company here:	
Systems LLC		
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE.	<u>SSS)</u>	
		<u>⇔</u>
		深分 2
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		- [
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		700 E
If amending the registered agent and/or registered o	r office address on our records, <u>enter th</u>	emame of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:	···	
New Registered Office Address:		
	Enter Florida su cet address	
	, Flori	ida
	Ciţv	Zip Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			∐Remove
		 	
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			Add Remove
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Effective date, if other than the date from effective date is listed, the date must be sp. Note: If the date inserted in this block didocument's effective date on the Department.	oes not meet the a	pplicable stati	filing or more than story filing requir	(optiona 90 days after filin ements, this da	ig.) Purs	uant to 605.02 not be listed
e record specifies a delayed effective date rd is filed.	, but not an effect	ive time, at 12	:01 a.m. on the e	arlier of: (b)	The 90t	h day after ti
Dated 4 22	, 2021	<u></u> -				
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Filing Fee: \$25.00