

617000213377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

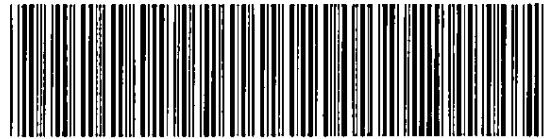
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/16/23--01026--024 \*\*55.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 OCT 16 PM 12:40

RECEIVED

R. HUNT

10/16/23

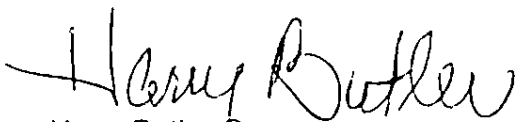
September 25<sup>th</sup> 2023

To whom it may concern,

I, Harry Butler, am writing to report that my estranged wife, Tiffany Butler, has gone into my Sun Biz account, for my business, Care Nation, LLC, without my knowledge or consent, on which she was listed as the registered agent when I started this business in 2017. Her sister, Ifia Stainrod was listed as a manger with myself but I removed Ifia when I filed my 2022 Annual report. It was brought to my attention by my bank that I was no longer listed on my business. After I researching, I found out that in January 2023, Tiffany has added her sister, Ifia Stainrod, back to the business and they have completely removed me. My business is a trucking business in which I haul freight and am out of the state very often and neither Tiffany, nor Ifia have any parts of this business. This was done out of maliciousness as Tiffany and I are currently going through a bitter divorce. I did not give her permission to make these changes.

I am re-filing my report today, January 25, 2023 and I do not give anyone permission to make any changes to my account.

Kind regards,

A handwritten signature in black ink that reads "Harry Butler". The signature is fluid and cursive, with the first name "Harry" and last name "Butler" clearly distinguishable.

Harry Butler-Owner

Care Nation, LLC

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## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Care Nation, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harry Butler

Name of Person

Care Nation, LLC

Firm/Company

1716 Harbor Dr.

Address

Clearwater, FL 33755

City/State and Zip Code

hotshoharry13@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harry Butler

813

705-0264

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**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

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Care Nation, 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 10/16/2017 and assigned  
Florida document number L17000213377.

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 "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)

1716 Harbor Drive

Clearwater, FL 33755

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DIVISION OF CORPORATIONS

**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:

Harry Butler

New Registered Office Address:

11314 Leland Groves Dr

*Enter Florida street address*

Riverview

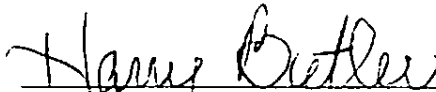
*City*

Florida 33579

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	Ifia Stainrod	11314 Leland Groves Dr	<input type="checkbox"/> Add
		Riverview, FL 33579	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Tiffany Butler	11314 Leland Groves Dr	<input type="checkbox"/> Add
		Riverview, FL 33579	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Harry Butler	11314 Leland Groves Dr	<input checked="" type="checkbox"/> Add
		Riverview, FL 33579	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF CORPORATE AFFAIRS  
STATE OF FLORIDA

01 100 0202

SECRETARY OF STATE  
DIVISION OF CONCORDANCE

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(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)

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.

Signature of a member

Signature of a member or authorized representative of a member

Harry Butler

Typed or printed name of signee

**Filing Fee: \$25.00**