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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marrin G. Terres Name of Person
Ultracare Inclustries (CC
3421 Palm beach Blud,
For + Myors FZ 33916 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marvin Torres at 239, 234-7/11: 5 Name of Person Area Code Dayume Telephone Number
Name of Peison Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee □ S30.00 Filing Fee & □ S55.00 Filing Fee & □ S60.00 Filing Fee, □
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

[1 tracare Industries, LCC			
(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 11-16-17 Florida document number (17000237/29)	and	assignec	i
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 abbr	eviation	"1iC."	
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 agent and/or the new registered office address here:	<u>of the i</u>	new reg	<u>istered</u>
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address		. 3	
, Florida	<u>, </u>	 :	. ;
City New David County Signature of the agriculture A county	Zip Coo	l <u>e </u>	•
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 agre provisions of all statutes relative to the proper and complete performance of my duties, and I am far accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if being filed to merely reflect a change in the registered office address, I hereby confirm that the limit company has been notified in writing of this change.	niliar v Sthis do	vith and cithtent	į į

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brench Cartaned Esp	indo/a 342/ Palm beauti, Blud	_Z\Add
		Fortmypes Fe 33916	🗆 Remove
			□Change
			DAdd
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			[] Change
			🗆 Add
			□Remove
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		-	Remove
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			□Remove
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			[]Remove

	<u> </u>
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fective date, if other than the date of filing: 11-15-21 In effective date is listed, the date must be specific and cannot be prior to date of filing or mo Ite: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of is filed.	n the earlier of: (b) The 90th day after the
red Nov. 15 2021	
ted Nov. 15 2021 Signature of a member or authorized representative of	of a member

Filing Fee: \$25.00