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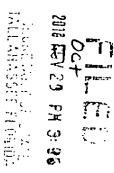
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COVER LETTER

	tegistration S Division of Co					
SUBJEC	Competen	t Care Home Health Services, L	LC			
SUBJEC	•	Name of Lim	nited Liability Company			
The enclo	sed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please ren	ırn all corresp	ondence concerning this matter	to the following:			
		Satoya Dallas				
		Competent Care Home He	Name of Person			
		Competent Care Home He				
	Firm/Company 4 Weston Road					
		Leesburg, Florida 34748				
	City/State and Zip Code satoyagdallas@gmail.com				# 2 # 2 T	
For furthe	r information	E-mail address: (concerning this matter, please co	to be used for future annual repo all:	ort notification)	23 PA	ا مرد د
Satoya Da	ıllas		352 631-96	636	<u> </u>	
	Name	of Person	Area Code	Daytime Telephone Number	<u>ာ</u> လို့ ကို	
Enclosed i	s 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 enclose	d) Certified	e 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

Competent Care Home Health Ser	vices, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited I Florida document number L17000239723	_iability Company		and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."		
Enter new principal offices address, if appli		4 Weston Road			
(Principal office address MUST BE A STREA		Leesburg, Florida 34748			
	-				
Enter new mailing address, if applicable:		4 Weston Road Leesburg, Florida 34748			
(Mailing address MAY BE A POST OFFICE	(BOX)	Leesburg, Florida 34748			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	I/or registered of office address here Satoya Dallas	ffice address on our records, <u>en</u>	ter the name of the nev		
	4 Weston Road		× +		
New Registered Office Address:	4 Western Road	Enter Florida street address	2 77		
	Leesburg	, Florida	34748 6.1 23 2217		
New Registered Agent's Signature, if changing	Registered Agent:	City	Zip Cogg		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete sistered agent as p	performance of my duties, and 1 c provided for in Chapter 605, F.S.	nm familiar with and Or, if this document is		

Page 1 of 3

company has been notified in writing of this change.

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
MGR	Shanita Cambric	5560 SW 87th PL Ocala, Florida 34476	Add
			■ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
 			□ Add
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ective date, if other than the deffective date is listed, the date mu- ter. If the date inserted in this b sument's effective date on the f	ist be specific and cannot block does not meet the	be prior to date of filing applicable statutory		ter tiling.) Pursua	
record specifies a delaye he 90th day after the rec		ut not an effect	ive time, at 12:01	. a.m. on the	e earlier
ed October 26	2018	·			
1	$\overline{\qquad}$				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00