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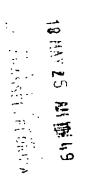
(Re	questor's Name)	
(Ad-	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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MAY 29 2018

COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
cupr	987 ALPHA	A, LLC		
SOBJ	ECT:	Name of Lin	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ANA ALVES		
			Name of Person	
		987 ALPHA, LLC		
			Firm/Company	
		3956 TOWN CENTER BI	_VD	
			Address	
		ORLANDO FL 32837		
		 	City/State and Zip Code	
		ANA186@YAHOO.COM		<u>, </u>
			to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please c	all:	
ANA	ALVES		407 616-7102	
	Name o	f Person		Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$ 2	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)		_
he Articles of Organization for this Limited Liability Con	mpany were filed on APRIL 23, 2018	and	assigned
orida document number L18000101708	e.		
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	ed liability company here:		
ITAL LOVE CARE, LLC			
ne new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	e abbreviation	"L.L.C."
nter new principal offices address, if applicable:		_	
• •			6 0
<u>Principal office address MUST BE A STREET ADDRES</u>		7	I.
	***	- ,;; ,	Ű.
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			F
Tuning address MIT BE AT OBT OF TICE DON	-		<u>.</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 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>	Name	Address	Type of Action
AMBR	OLIVEIRA GUIMARAES, LLC	3956 TOWN CENTER BLVD	Add
		ORLANDO FL 32837	■ Remove
			Change
			Add
			Remove
	<u>,</u>	Change	
		🗖 Remove	
		Change	
		□ Remove	
		☐ Change	
		□ Remove	
			C Remove
			□ Change

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Effective date, if other than the date of filing: April 23, 2015 (option of the effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	tional) er filing.) Pursuant to 605.0207 (2 nis date will not be listed as th
the record specifies a delayed effective date, but not an effective time, at 12.01) The 90th day after the record is filed.	a.m. on the earlier of:
Dated 1 / ay 17 . 2018 . Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00