

18000 101 925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

☐

WAIT

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MAIL

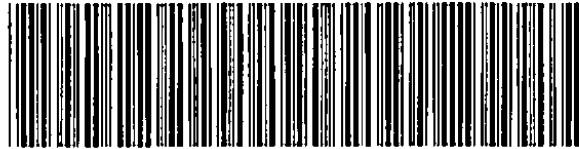
(Business Entity Name)

(Document Number)

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

Instructions to Filing Officer:

Office Use Only



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12/26/19--01004--012 \*\*60.00

JAN 27 2020  
S. YOUNG

19  
2020  
JAN 27  
S. YOUNG

Registration Section  
Division of Corporations

CARE Ambassadors Inc

Name of Limited Liability Company

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

All correspondence concerning this matter to the following:

David Maseda

Name of Person

Care Ambassadors Inc

Firm/Company

934 Sorolla Ave

Address

Coral Gables FL 33134

City/State and Zip Code

Careambassadors.fl@gmail.com

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

For information concerning this matter, please call:

David Maseda

Name of Person

at (786) 267 7362

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Care Ambassadors IIc

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 04/30/18 and assigned  
document number L18000107925

This document is submitted to amend the following:

**Changing 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 principal offices address, if applicable:**

**Principal office address MUST BE A STREET ADDRESS**

**Enter mailing address, if applicable:**

**Mailing address MAY BE A POST OFFICE BOX**

934 Sorolla Ave  
Coral Gables FL 33134

**When changing 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:**

**Enter Name of New Registered Agent:**

**Enter New Registered Office Address:**

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**Enter Registered Agent's Signature, if changing Registered Agent:**

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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**



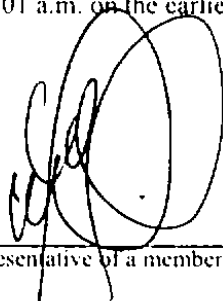
Adding any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the applicant's effective date on the Department of State's records.

If the applicant 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 date of filing.

December 24, 2019



Signature of a member or authorized representative of a member

DAVID R Maseda

Typed or printed name of signee