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COVER LETTER

то:	Registration Sec Division of Corp					
	CIO)	FLORIDA GROUP CA	RE LLC			
SUBJE	CI:	Name of Lim	itted for filing. othe following: do Sharpe Name of Person RIDA GROUP CARE LLC Firm/Company ew Drive Address 3 City/State and Zip Code Dgmail.com be used for future annual report notification)			
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspor	ndence concerning this matter	to the following:			
		Rica	ardo Sharpe			
			Name of Person	- 11-		
FLORIDA GROUP CARE LLC						
			Firm/Company			
		7525 Turtle V	iew Drive			
		Address				
		Ruskin F1 33573				
		City/State and Zip Code				
		Ricksharpe75				
		E-mail address: (to be used for future annual report notif	ication)		
For furt	ther information co	oncerning this matter, please co	ali:			
F	Ricardo Sharpe		at (813) 774-2930			
	Name of	Person		: Telephone Number		
Enclose	ed is a check for th	e following amount:				
⊋ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		

MAILING ADDRESS:

TO:

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

FLC	RIDA GROUP C	ARE LLC		
(Name of the Limi	ted Liability Compa (A Florida Limited l	iny as it now appears of Liability Company)	n our records.)	<u></u>
The Articles of Organization for this Limited I	iability Company	were filed on05	5/04/2018	and assigned
Florida document number <u>L18000112392</u>	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	of the limited liab	ility company here	:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applic	able:			
Principal office address MUST BE A STREI	ET ADDRESS)	7525 Turtle View	Drive Ruskin FI 33573	SECHE 18 AUS
Enter new mailing address, if applicable:		7525 Turtle View	Drive Ruskin Fl 33573	77.75 97.75 29
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and registered agent and/or the new registered o			ur records, enter the	name of the ne
Name of New Registered Agent:	Ricardo Shar	ре		
New Registered Office Address:	7525 Turtle \			
		Enter Florida	street address	
	Ruskin		, Florida <u>3357</u>	
		City		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>	Address	Type of Action
MGR	Michelle James		Add
		3420 S DALE MABRY HWY STE.S	Remove
			Change
MGR	James Mccaskill		
		2434 QUEEN STREET SOUTH ST PETERSBURG, FL 33712	☐ Remove
			Change
MGR	Rosa Karen	7525 Turtle View Drive Ruskin Fl 33573	₩ Add
			☐ Remove
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an eff Note:	ive date, if other than the date of filing:	unt to 60. ot be lis	5.0207 ted as
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earli	ier of:
	August 26th		
ated			
ated	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00