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Registration Section

Division of Corporations

TO:

Karing SUBJECT:	Services LLC			
SUBJECT:	Name of Li	mited Liability Company		
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.		
Please return all corr	espondence concerning this matte	er to the following:		
	Karen Garcia			
		Name of Person		
	Karing Services LLC			
		FirmCompany		
	2020 Land o Lakes Blvd	Suite # 8		
	-	Address		
	Lutz, FL 33549			
		City State and Zip Code		
	serviceskaring@gmail.con		•	F
	E-mail address:	(to be used for future annual report note	fication)	2021
For further information	on concerning this matter, please	call:		# ·
Karen Garcia		813 527-9902	27	
Name of Person		Area Code Daytimi	e Telephone Number	
Enclosed is a check f	or the following amount:			₩-
1) \$25.00 Filing Fed	e \$30.00 Filing Fee & Certificate of Status	22 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	.d \$60.00 Filin Certificate (Certified Co (additional cor	of Status & opy
P.O. Box 6	on Section of Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Karing Services LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	····
The Articles of Organization for this Limited Liability Company Florida document number $\frac{G18000055174}{G18000055174}$	were filed on 05/03/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2020 Land o Lakes Blvd Suit # 8	
(Principal office address MUST BE A STREET ADDRESS)	Lutz, FL 33549	
Enter new mailing address, if applicable:	2020 Land o Lakes Blvd Suit # 8	
(Mailing address MAY BE A POST OFFICE BOX)	Lutz, FL 33549	
	*	787 C
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	ime of the new register
Name of New Registered Agent:		> -i
New Registered Office Address:	Enter Florida street address	2
	, Florida _	Zıp 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 adde
or removed from our records:	

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee