U8000159246

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Ĉit	y/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC		ection of Tampa, LLC		
300,750		Name of Lim	ited Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Kevin Healey		
		-	Name of Person Da, LLC Firm/Company Address City/State and Zip Code com De used for future annual report notification) II: at (
		Care Connection of Tam	pa, LLC	
			Firm/Company	
		602 S Boulevard		
			Address	
		Tampa, FL 33606		
		kevinh@acareconnection E-mail address: (9		eation)
For furthe	er information co	oncerning this matter, please ca	·	
Kevin He	ealey		813 5442273	
	Name of	Person	Arca Code Daytime	Felephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate 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**

(Name of the Limited Liability Compan (A Florida Limited L:	y as it now appears on our record			
	ability Company)	<u>1s.</u>)		
e Articles of Organization for this Limited Liability Company v	vere filed on June 29, 2018		_ and assig	ned
orida document number L18000159246				
is amendment is submitted to amend the following:				
If amending name, enter the new name of the limited liabil	ity company here:			
e new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC	." or the abbre	viation "L.L.!	<u></u>
iter new principal offices address, if applicable:				
rincipal office address MUST BE A STREET ADDRESS)				<u>D</u>
				SISIA E 13S
			}== I	154 1351 m
iter new mailing address, if applicable:			9	<u> </u>
lailing address MAY BE A POST OFFICE BOX)				芸章の
			<u>- 2</u>	31 ¹
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If amending the registered agent and/or registered offi gistered agent and/or the new registered office address here:		s, <u>enter th</u>	e name of	<u>the nev</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street addre.	55		
	FI	lorida		
	City		Zip Code	

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>	<u>Address</u>	Type of Action
Mgr	Debbie Young	1525A The Greens Way	
		Jacksonville Beach, FL 32250	■ Remove
			Change

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Effective date, if other	than the date of filing:ne date must be specific and cannot be p	ariar to date at filing or more than	(optional)	S05 0201
Note: If the date inserted	in this block does not meet the apon the Department of State's reco	plicable statutory filing requ	irements, this date will not be I	isted as
he record specifies a The 90th day after	delayed effective date, but the record is filed.	not an effective time,	at 12:01 a.m. on the ear	rlier o
	22.2			
Dated July 3	2018	-		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00