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I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Agape Love Home Companionship Agency LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Virginia A. Wiley Name of Person
Agape Love Home Companionship Agency, we
2514 N.W. 44 (+ Address
Ponypano Buh FL: 330769 City/State and Zip Code
Virginia @ agase love to me companion this pagency. Com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Virginia A. Wiley at (954) 240 - 5400 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certi

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

Agape Love Home Companionship Agency LLC

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

(A Florida Limited Liability Company)

		1 1	
The Articles of Organization for this Limited Liability Company	were filed onO^	1/12/18	and assigned
Florida document number <u>LISCOOILe827</u>]		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			5 11
		•	P F
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			P ()
	<u> </u>		6: 10
			19-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r records, <u>enter t</u>	he name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
		Florida	
	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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Loyal C. Wiley JR	2514 N.W. 44 Ct.	Add
	·	Pompano Boch, FL, 33069	Remove
AMBR	Lurinyce Graham	2514 N.W. 44 Ct.	🗆 Add
		Pompano beh, FL. 33009	Remove
			Change
AMBR	Sa'Loyal C. Wiley	2514 N.W. 44Ct.	
		Pompano Beh, FL. 33069	Remove
			Change
			🗆 Add
			C Remove
			D Change
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f an effect Note: If	e date, if other than the dive date is listed, the date must be the date inserted in this blockt's effective date on the Dep	be specific and cannot lik does not meet the	applicable statutory i		ing.) Pursuant to 605.0207 (
	rd specifies a delayed Oth day after the reco		ut not an effectiv	e time, at 12:01 a.n	n. on the earlier of:
Dated	02/15/	20	19		
	ANGINIA	A	or authorized representa		

Page 3 of 3

Filing Fee: \$25.00