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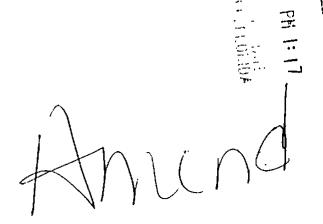
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COVER LETTER

1st ACE HOME CARE LLC SUBJECT: 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: EVELYN B. FILIPINAS Name of Person 1st ACE HOME CARE LLC Firm/Company 8270 Woodland Center Blvd Ste 143 Address Tampa, FL 33614 City/State and Zip Code evelynfilipinas@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **EVELYN B. FILIPINAS** at (337) 308-5474 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1st ACE HOME CARE LLC	
(<u>Name of the Limited Liability Company as i</u> (A Florida Linned Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were	filed on07/19/2018 and assigned
Florida document number <u>L18000174145</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Cor	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. (P. J. D. M. P. J. D.	
Enter new mailing address, if applicable:	2
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office aregistered agent and/or the new registered office address here:	address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
·	, Florida
	ity 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>	Name	Address	Type of Action
MGR	CYRIL M. FILIPINAS	8325 SW 72nd Avenue, Apt 208C Miami, Florida 331	43_ ⊠ Add
			□ Remove
		12010 Fown Springs Dr.	Change
MGR	WILFREDO CABALAN	13419 Fawn Springs Dr. Tampa IL 33626	⊠ Add
			□ Remove
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). II amend	ing any other information, enter change(s) here: (Allach daalilonal sheets, i) hecessary.)
(If an effecti Note: If	date, if other than the date of filing:
	od specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	2/13/19 CB4:
	Signature of a member or authorized representative of a member
	EVELYN B. FILIPINAS

Page 3 of 3

Filing Fee: \$25.00