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COVER LETTER

TO:

Care of Orlando, LLC		
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ondence concerning this matter	to the following:	
Nancy Ralston		
	Name of Person	
	Firm: Company	
105 Annapolis Lane		
Ponte Vedra Beach, FL	Address 32082	
nralston@conciergecaref	City/State and Zip Code L.com	
	, in the second of the second	cation)
oncerning this matter, please ca	all:	
	904 534-1655 at ()	
of Person	Area Code Daytime	Telephone Number
he following amount:		
□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	STREET/COURING Registration Section Division of Corpora Clifton Building	1
	Amendment and fee(s) are sub indence concerning this matter Nancy Ralston 105 Annapolis Lane Ponte Vedra Beach, FL nralston@conciergecaref E-mail address: (oncerning this matter, please concerning this matter, please concerning this matter, please concerning this matter. I \$30.00 Filing Fee & Certificate of Status ING ADDRESS: ration Section	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Name of Person Name of Person

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Concierge Care of Orlando, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000207332	were filed on 08/29/2018	and assigned
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 Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	600 Rinehart Road Ste #3070	
Principal office address MUST BE A STREET ADDRESS)	Lake Mary, FL 32746	122
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	-	
Mailing address MAY BE A POST OFFICE BOX)		
		7 - 1
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		ter the name of the
Name of New Registered Agent.		-
New Registered Office Address:	Emer Florida street address	
	Florida	
	Cîţv	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:

Manager Authorized Member

<u>Title</u>	Name	Address	Type of Action

			☐ Remove
			□ Change
			□ Remove
			□ Remove
			Dr.Change
			ORU (TI
			Remove
			☐ Change
			Remove
			Change
			□ Add
			☐ Remove
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ective date, if o	ther than the date of sted, the date must be spec	f filing:	rior to date of filing or n	opt	t ional) er filing.) Pursuant to 605.01
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	ies a delayed effec after the record is		not an effective	time, at 12:01	a.m. on the earlier
09/05/2018 ed					
	()	6.	athorized representative		

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Typed or printed name of signee

Filing Fee: \$25.00