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COVER LETTER

Division of Corporations
SUBJECT: Considerate Homecare, 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:
Marcken Volmy Name of Person
Marcken Volmy Name of Porson Considerate Homecare LLC Firm/Company
1025 Gateway Blvd, Suite 303-235
Bounton Beach, FL 33426 City/State and Zip Code info@considerate homecare.com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:
Marcken Volmy at (561) 543-9567 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

TO: Registration Section

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**

AR	FICLES OF AMENDMENT
	TO
ART	ICLES OF ORGANIZATION
	OF
	Mc Cape LLC (ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li	iability Company were filed on $9/6/2018$ and assigned 3%
Florida document number <u>L 1800.62130</u>	
This amendment is submitted to amend the folk	owing:
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>
B. If amending the registered agent and/ registered agent and/or the new registered of	for registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	1025 Gateway Blvd, Suite 303-235 Enter Florida street address
	Boynton Beach Florida 33426

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 = Ma	inager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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an effe ote:	ve date, if other than the date of filing:
e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ated .	Marcken Volmy Typed or printed name of signee
	Day 1 9/1

Page 3 of 3

Filing Fee: \$25.00