## 118000227004

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
eun i		Car Care LLC.		
SUBJ	ECT:	Name of Lim	Name of Limited Liability Company of and fee(s) are submitted for filing. Interesting this matter to the following: In Gonzalez  Name of Person Irre Eighty 5  Firm/Company Iorida Club Cir. Apt 2208	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Edisson Gonzalez		
		Signature Eighty 5	Name of Person	
		1820 Florida Club Cir. Apt	• •	
		Naples FL 34112	Address	
		elg315@gmail.com	<del></del>	
		E-mail address: (	to be used for future annual report notifi	cation)
r fu	rther information o	oncerning this matter, please ca	all:	
iss	on gonzalez		239 537-4140	
	Name o	f Person	at () Area Code Daytime	Telephone Number
05	sed is a check for th	ne following amount:		
32	25.00 Filing Fee	☐ \$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)

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

Signature Eighty 5 LLC.	************			
( <u>Name of the Limited Liability Con</u> (A Florida Limit	ed Liability Company)	on our records.)		
he Articles of Organization for this Limited Liability Compa lorida document number L18000227004	any were filed on Sept	tember 25 2018 and assigned		
his amendment is submitted to amend the following:		•		
A. If amending name, enter the new name of the limited li	iability company her	<u>e</u> : .		
At Home Car Care LLC.		<u>_</u>		
he new name must be distinguishable and contain the words "Limited Li	iability Company," the des	ignation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		100 美型		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	र्वेक विकास		
tter new mailing address, if applicable:  'ailing address MAY BE A POST OFFICE BOX)		TI ORIDE		
If amending the registered agent and/or registered stered agent and/or the new registered office address h		our records, enter the name of the		
Name of New Registered Agent:	•			
New Registered Office Address:	Enter Florid	a street address		
	Elonido			
	City	Florida Zip Code		
egistered Agent's Signature, if changing Registered Age				

y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is led to merely reflect a change in the registered office address, I hereby confirm that the limited liability y 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 = MS $AMBR = AB$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other tha (If an effective date is listed, the da Note: If the date inserted in the document's effective date on	ite must be spe this block do	ecitic and car nes not meet	the applicab	date of filing or i	nore than 90 day	( <b>optional)</b> s after filing.) s, this date v	Pursuant to 605. vill not be liste	.0201 :d as
the record specifies a de ) The 90th day after the			e, but not a	an effective	time, at 12:	01 a.m. c	on the earlie	er o
January 31st Dated			019	.•				
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Filing Fee: \$25.00