L19 000012975

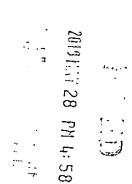
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PICK-UP	WAIT	MAIL
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	Certificates of	Status
Special Instructions	to Filing Officer:	
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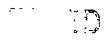
R. WHITE
JUN 1 2 2019

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COVER LETTER

TO:	Regis Divisi	tration Sec ion of Corp	tion _{ية} porations		بس.		
		_	are Home Health, LLC		*		
SUBJE	CI: _		Name of Lim	ited Liability	Company		
The enc	losed /	Articles of Z	Amendment and fee(s) are sub:	mitted for fil	ing.		
			ndence concerning this matter				
			Nakitia Jackson				
				Name	of Person	7	
			Kingdom Care Living Hon	l nemaker and l	Companio	on Services, I	LLC
				l'irm/	lompany		
			823 Mosswood Chase Stre	ret			
				Αψ	dress	 	
			Orange Park, FI				
				City/State	nd Zip Cod	le	
			Kingdomeareliving@gmail.	Į			
			E-mail address: (t	to be used for	future annu	al report notifi	ication)
For furth	her info	ormation co	ncerning this matter, please co	all:			
Nakitia	Jackso	n		at (464-5784	
		Name of	Person		rea Code	Daytime	Telephone Number
Enclose	d is a c	heck for the	e following amount:				
■ \$ 25	,00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certif) Filing Fed fied Copy onal copy is c		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		Registra Divisior P.O. Bo	NG ADDRESS: ation Section to of Corporations to 6327 seec, FL 32314		Registr Divisio Clifton 2661 E	ET/COURH ration Section on of Corpora Building Executive Cenussee, FL 323	itions iter Circle

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION



2019 HT 28 PH 4: 57 Kingdom Care Home Health, LLC (Name of the Limited Liability Company as it now appears on our records:) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 11, 2019 and assigned Florida document number L19000012975 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Kingdom Care Living Homemaker and Companion Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 Type of Action Address <u>Title</u> <u>Name</u> _□ Add _□ Remove _□ Change \Box \wedge \cup ☐ Remove _ 🗆 Change Db∧ □ _□ Remove _ Change _□ ∧dd _□ Remove _□ Change _□ Add _□ Remove _□ Change □ Add _□ Remove _□ Change

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	specifies a de i day after th			ot an effec	ctive time, at	: 12:01 a.m.	on the earlier
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Filing Fee: \$25.00