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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Devotion of Care 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:
Sukila Robinson
Name of Person
Firm/Company
1801 NW 3rd 57
Pompano Beach, F) 33069
E-mail address: (to be used for futury annual report notification)
For further information concerning this matter, please call:
Name of Person at (804) 728-884/ Area Code Daytime Telephone Number
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 (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

		FILEU
(Name of the Limited Liability (A Florida L.	Company as it now apple imited Liability Company	urs on our records.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>LJGCXXX2473</u>	mpany were filed on _	and assigned
(Name of the Limited Liability Company as it now anglears on our Proofds.) A Florida Limited Liability Company The Articles of Organization for this Limited Liability Company were filed on and assigned and assigned and assigned and assigned submitted to amend the following: A. If amending name, enter the new name of the limited Liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 Florida Florida		
A. If amending name, enter the new name of the limite	ed liability company	nere:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(Name of the Limited Liability Company as it now applears on our Tecords.) (A Florida Limited Liability Company) (A Florida Limited L	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· .
		on our records, enter the name of the new
Name of New Registered Agent:	.,	
New Registered Office Address:	Enter F	lorida street address
	City	

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

Hamending 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>	<u>Name</u>	Address	Type of Action
MGR	Jukila Robinson	1801 NW Brd St	
		Pompano Beach, FI	□ Remove
		1801 NW Brd st Pompano Beach, F1 33069	Change
41-		_	□ Add
			Remove
			Change
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l f, an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
lf an s <u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of ne 90th day after the record is filed.
Date	Juk la Rahum
	Signature of a member or authorized representative of a member
	Svicia Koberson

Page 3 of 3

Filing Fee: \$25.00