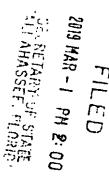
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03/01/19--01011--007 **55.00

M. MILLIGAN MAR 01 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Complete Home Care of North FLLCC 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:
Carlis Santubra Name of Person
Complete Home Core of North FI.
33 smith. (: #25
Gridhy F1. 32332 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: (1) State 1, 1/2 at (1/2 0) 570 - 5585
Name of Person at (\$50) 570-5585 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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 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

FILED 2019 MAR - 1 PM 2:00

Complete Hem Come of North FC LICEL AHASSEF, (Name of the Limited Liability Company)	STAP
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	1. 9 41)
The Articles of Organization for this Limited Liability Company were filed on \(\frac{2/\textit{R}/19}{}\) and assigned	d
Florida document number <u>L_190000 Y0746</u> .	
This amendment is 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 "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 registered agent and/or the new registered office address here:	he new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Liner 1 to the affect date (35	
cu) ath 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:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
Mr	Alburo Marinez	1170 Spooner 2d	Add
		D. My F1. 32351	El Remove
			Change
NGL	Religio Carcia	1206 Sth St	
		Cairo Ga 39818	R emove
			□ Change
Mega	Longthin Gercii	1206 oth st.	
		Cairo 6a 39824	B Ren iove
			☐ Change
			Add
			☐ Remove
			Change
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			Change

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