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Special Instructions to I	Filing Officer:	
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## **COVER LETTER**

Division of Corpo	orations		
SUBJECT: Drage	gin Baits Ho Name of Limit	me ! Lawn Seried Liability Company	vices, LLC
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Danier	le Priest Name of Person	
	High Maintenan	Ke Home & lawola Firm/Company	re Services, UC
	1301_38 th	Address	
	Vero Bea	City/State and Zip Code	
	hmhome and lau E-mail address: (to	on care @ gmail. Com	cation)
For further information cor	cerning this matter, please cal	11:	
Danielle Name of F	Priest	at ( <u>777 \(\text{\pi}\)</u> ) <u>713-0</u> Area Code Daytime	7/0 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FŁ 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 FILED

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Draggin Bouts Home	Flaus Ser	OICES, UC	<del>-</del>
(Name of the Limited Liability Co	ited Liability Company)	TALLAHASSEFEE ORG	A F
The Articles of Organization for this Limited Liability Comp.	_		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited  High Maintenance Home Law  The new name must be distinguishable and contain the words "Limited I	Care Service	05 110	on "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, enter the na	ame of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
		, Florida	
	City	<del></del>	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	s) authorized to manage, enter the title, name, and address of each person	being add
or removed from our records:		
MGR = Manager	nla	
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	February 36 . 2019  Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00