L19000052821

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 8, 2019

RICHARD GLEASON CONTENTS CARING COMPANY LLC 166 BYRD DRIVE CALLAWAY, FL 32404

SUBJECT: CONTENTS CARING COMPANY LLC

Ref. Number: L19000052821

We have received your document for CONTENTS CARING COMPANY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU MUST LIST THE DATE FOR FILING.

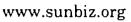
The document must be signed by a member or an authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

2019 JUL 18 AHHES

Letter Number: 619A00013730



COVER LETTER

SUBJECT: (Mten	+s (acion (omocov IIC	E. L.
Sobarcer. <u>Content</u>	ts (aring (ited Liability Company	
	nendment and fee(s) are sub-	_	JUL 18 PA F.
	Richard G	Pason Name of Person	
	Contents Cari	ng Company LLC Firm/Company	
	166 Byrd Dr.	Address	
	Callaway, FL	32404 City/State and Zip Code	
	12 K q 5 @ y Q y q H-mail address: (1	66 COP) to be used for future annual report notif	ication)
For further information con	cerning this matter, please ca	all:	
Rachelle (1055	erson	at (<u>850</u>) <u>496 - 6</u> Area Code Daytime	146 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

TO ARTICLES OF ORGANIZATION

OF

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Contents Caring (Name of the Limited Liability (A Florida	COMPANY LLC ry Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 62/22/2019 and assigned
Florida document number <u>L19000052821</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of the ress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registere	•

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR_	Rachelle Cross	7742 Nowere Ally ApT/23 32566	≥1 12 Add
			□ Remove
			Change
<u>AMBR</u>	Devois Cross	7742 Navarre Pkwy ApT 123 32566	FL ■ Add
			🗆 Remove
			Change
AMBR	Patricia Palma	166 Byrd Dr. Callaway, Fl 324	<u>04</u> □ Add
			⊠ Remove
			Change
			Add
			_ 🗖 Remove
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			Add
			_□ Remove
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			Change

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	<u> </u>
(If an e <u>Note</u>	effective 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: se 90th day after the record is filed.
Date	
	Signature of a member or authorized representative of a member
	1) KA420 COC/301
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00