

L19000052821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

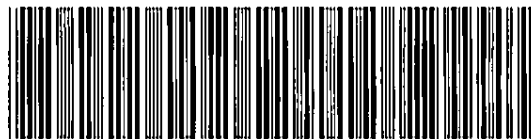
(Business Entity Name)

(Document Number)

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O SIMMONS

MAR 17 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONTENTS CARING COMPANY, 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:

OLESYA MOATES

Name of Person

CONTENTS CARING COMPANY, LLC

Firm/Company

104 F NORTH GULF BLVD

Address

PANAMA CITY BEACH, FL 32413

City/State and Zip Code

OPERATIONS166@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD GLEASON

954

793-9199

at ()

Name of Person

Area Code

Daytime 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CONTENTS CARING COMPANY, 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 FEBRUARY 22, 2019 and assigned
Florida document number L19000052821

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)

104 F NORTH GULF BLVD

PANAMA CITY BEACH

FL 32413

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

104 F NORTH GULF BLVD

PANAMA CITY BEACH

FL 32413

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:

RICHARD GLEASON

New Registered Office Address:

104 F NORTH GULF BLVD

Enter Florida street address

PANAMA CITY BEACH

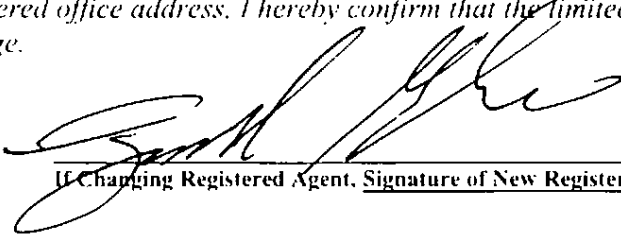
Florida 32413

City

Zip 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RICHARD GLEASON	104 F NORTH GULF BLVD	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH	<input type="checkbox"/> Remove
		FL 32413	<input type="checkbox"/> Change
AMBR	OLESYA MOATES	104 F NORTH GULF BLVD	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH	<input type="checkbox"/> Remove
		FL 32413	<input type="checkbox"/> Change
AMBR	JACY ELMORE	104 F NORTH GULF BLVD	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH	<input type="checkbox"/> Remove
		FL 32413	<input type="checkbox"/> Change
AMBR	RACHELLE CROSS	7742 NAVARRE PKWY APT. 123	<input type="checkbox"/> Add
		NAVARRE	<input checked="" type="checkbox"/> Remove
		FL 32566	<input type="checkbox"/> Change
AMBR	EMILE WOLFAARDT	166 BYRD DR	<input type="checkbox"/> Add
		CALLAWAY	<input checked="" type="checkbox"/> Remove
		FL 32404	<input type="checkbox"/> Change
AMBR	DENNIS CROSS	7742 NAVARRE PKWY APT. 123	<input type="checkbox"/> Add
		NAVARRE	<input checked="" type="checkbox"/> Remove
		FL 32566	<input type="checkbox"/> Change

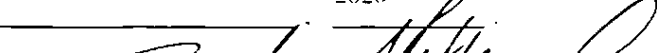
2020 MAR 17 PM 3:26
FROM: [REDACTED]
TO: [REDACTED]

2020 MAR 17 PM 3:26

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 17 2020

2020



Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

RICHARD GLEASON

Typed or printed name of signee