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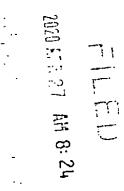
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I ALBRITTON

Division of Corporations CARING COMPASSIONATE CARE LLC SUBJECT: 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: Candice Johnson Name of Person CARING COMPASSIONATE CARE LLC Firm/Company 23781 US Hwy 27 #102 Address Lake Wales, FL 33859-7802 City/State and Zip Code caring41@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Candice Johnson Daytime Telephone Number Name of Person Enclosed is a check for the following amount: S30.00 Filing Fee & □ \$60.00 Filing Fee, □ \$25.00 Filing Fee □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

(additional copy is enclosed)

TO ARTICLES OF ORGANIZATION **OF**

CARING COMPASSIONATE CARE LLC

2020 1/2 1/2 (1/2) Ay 8: 24 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	were filed on 03/13/2019 and assigned
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." new principal offices address, if applicable: Standard Standa
Florida document number L19000070538 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. 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) 23781 US Hwy 27	
•	s, if applicable: # 102 23781 US Hwy 27
	Lake Wales, FL 33859-7802
agent and/or the new registered office address here:	address on our records, <u>enter the name of the new regis</u>
tunie of New Regimeros rigens.	
New Registered Office Address:	Enter Florida street address
	price and appear that the
N . D . A . J A A . C'	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 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 i 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
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Effective date, if other than the effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filing:	applicable statutory	g or more than 90 day	(optional) s after filing.) Pursuant s, this date will not b	to 605.0 be listed
e record specifies a delayed effective ord is filed.	date, but not an effec	etive time, at 12:01	a.m. on the earlier	of: (b) The 90th da	y after t
D . 1 04/22/2020	2:22p	ım			
Dated Cardice	; <u></u>	or authorized represen	ntative of a member		
Candice Johnson	,				