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COVER LETTER

Division of Corporations			
SUBJECT: EXCLUSIV	iely Your Jame of timited	J Full Famil d Liability Company	y Care LLC
The enclosed Articles of Amendmen	it and fee(s) are submi	tted for filing.	
Please return all correspondence con	cerning this matter to	the following:	
	<u>Donna Cel</u>	Name of Person	
		Lam Company	
		May Apt 20	
En ir	aglewood, 170.excl	FL 34223 City/State and 7 ip Code USIVELY YOURS be used for future annual report noti	Damail. (am
For further information concerning t			
Donna Celiano Name of Person	· · · · · · · · · · · · · · · · · · ·	at (706), 851 - Area Code Daytim	2 8 3 35 ne Telephone Number
Enclosed is a check for the following	g amount:		
·	of Firing Lee & tificate 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

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301



August 14, 2019

DONNA CELIANO 160 BROADWAY APT 201 ENGLEWOOD, FL 34223

SUBJECT: EXCLUSIVELY YOURS FULL FAMILY CARE LLC

Ref. Number: L19000088527

We have received your document for EXCLUSIVELY YOURS FULL FAMILY CARE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 419A00016787

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

Division of Communities D.O. DOV 6207 Wellshopen Florida 2021

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F 51

Exclusively your Full Family Care Life	
(Name of the Limited Liability Company) (Name of the Limited Liability Company) (No Company)	}
The Articles of Organization for this Limited Liability Company were filed on	ned k
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: [
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 registered agent and/or the new registered office address here:	f the no
Name of New Registered Agent:	
New Registered Office Address: Euter Florida street address	
, Florida	
Cuy 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.

It Changing Registered Agent, Signature of New Registered Agent

If amending Amhorized Person(s) authorized to manage, enter the title, name, and address of each person-being adde or removed from our records:

MGR = -	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			🗀 Add
			□ Remove
			☐ Change
			Add
			□ Remove
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			Change
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E. Effective date, if other than the date of filing:
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(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 005,0207 (3)(b. <u>Note:</u> 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.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.
Dated Chegy F . 2019 - Change of a member of authorized representative of a member
Donna Celiana Typed or printed mane of signee

* D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Page 3 of 3

Filing Fee: \$25.00