## 49000089629

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## **COVER LETTER**

TO: Registration Section Division of Corporatio	ns		
subject: <u>0n-5ï</u>	e Compa Name of Limi	inionship Se ted Liability Company	rvices LLC
The enclosed Articles of Amenda	ment and fee(s) are subt	nitted for filing.	
Please return all correspondence	concerning this matter t	to the following:	
5	teven C	Williams, Jr	•
<u>0</u>	n-Site	Canpanionship	Services LLC
<u> 24</u>	ob Crando	on Blud, Suite	18
	Key Bisca	yne, FL 33149 City/State and Zip Code	9
	Swilliams E-mail address: (i	o be used for future annual report not	ification)
For further information concerni	ng this matter, please ea	ill:	
Steven Winner of Person	Illiams Ji	at (412) Area Code Daytin	ne Telephone Number
Enclosed is a check for the follo	wing amount:		
	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 enclose)
MAILING A Registration S Division of Co	ection	STREET/COUR Registration Secti Division of Corpo	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

On-Site Companionship Services LLC
(Name of the Limited Biability 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 $04/01/3019$ and Florida document number $19000089629$ .
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
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Key Biscayne, FL 3:
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  Key Biscayne, FL
B. If amending the registered agent and/or registered office address on our records, enter the narregistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: 1040 Biscayne Blud, Apt. 15
Miami Florida Zip Co
New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to ce provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this d being filed to merely reflect a change in the registered office address. I hereby confirm that the limited lia company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered ?

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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type
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			99 100 100 100 100 100 100 100 100 100 1

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nec	ressary.)
The addresses for our register	ed ag
president and CFO are being	i yadat
as well. Their new address is	1040
Biscayne Blvd, Apt 1704, Miami,	FL 331
	···-
	<u> </u>
	<u> </u>
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afte Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	t <b>ional)</b> er filing.) Pursuant to tis date will not be
If the record specifies a delayed effective date, but not an effective time, at 12:01 (b) The 90th day after the record is filed.	a.m. on the e
Dated October 3 - 2019.  Signature of a member or authorized representative of a member	
Steven C Williams Jr. Typed or printed name of signed	

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Filing Fee: \$25.00