L19 000 106499

(Requestor's Name)
(Address)
(Address)
(13.13.)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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2019 JUN 14 PH 3: 17

C. GOLDEN
JUN 1 7 2019

COVER LETTER

TO:	Registration Section Division of Corpor					
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SUBJE	CI:	VVC	<u> </u>	ited Liability Co		
The enc	losed Articles of Am	endment an	d fee(s) are sub	mitted for filin	g.	
Please re	eturn all corresponde	ence concerr	ning this matter	to the followin	g;	
			Hope	Will	iams	
				Name of	Person	
				Firm/Co		
			1730 /	<u> 1 (an)</u>	ora Arcle	<u>, </u>
			Apop	oka y	1 Zip Code	<u>い</u>
	-		E-mail address: (to be used for fu	OYANÓO 1	ation)
For furth	ner information conc	erning this r	natter, please ca	all:		
	Hope V Name of Pe	VIII 0	ims	at (H	77 758-2 Code Daytime T	3573 elephone Number
Enclosed	d is a check for the fo	ollowing an	nount:			
X 525.	MAILING Registration of P.O. Box 6	S30.00 Fi Certifica	ling Fee & ate of Status	Certifie	filing Fee & d Copy al copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
veer	r.O. Box c	G ADDRES on Section of Corporation 3327 e, FL 32314	ons		STREET/COURIES Registration Section Division of Corporati Clifton Building 2661 Executive Center	ons

Tallahassee, FL 32301



June 3, 2019

HOPE WILLIAMS 1730 ALAMBRA CIRCLE APOPKA, FL 32703

SUBJECT: WE CARE 2 LLC Ref. Number: L19000106459

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The current name of the entity is as referenced above. Please correct your document accordingly.

Pages 1 and 3 are missing.

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

The name of the person signing the document must be typed or printed beneath or opposite the signature.

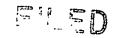
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden Regulatory Specialist II

Letter Number: 019A00011045

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Me (are 2	- 666		2019 JUN 14 PH 3: 17
(Name of the Limited L. (A F	ability Compa lorida Limited l	ny as it now appea liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Florida document number 1900/0645	ity Company	were filed on	4/18/1	and assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liab	ility company h	<u>ere</u> :	
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the c	designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	 		
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>0</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	~		our records,	enter the name of the new
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		Enter Flo.	rida street address	
	. Flor	ida		
-		City	, 11011	Zip Code
New Registered Agent's Signature, if changing Regis	tered 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 Title Name Address Type of Action Williams 1730 Alambra arcle o Add MGR Hope Williams 1730 □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove □ Change □ Add □ Remove

☐ Change

	I would just like to grange my
	The to the UC from President
_	to mar.
_	Thanks.
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an effect ote: If	e date, if other than the date of filing:
reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 10th day after the record is filed.
ated	June 10 2019
	Signature of a member or authorized representative of a member
	Hope Milliama

Page 3 of 3

Filing Fee: \$25.00