## L19000109514

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |



500411663025

07/06/23--01005--021 \*\*60.00



Office Use Only

Y. SCOTT

Y. SCOTT AUG 17

'AUG 12 2023

## **COVER LETTER**

| TO:      | Registration Section Division of Corporation |   | •  |            | •  |            |
|----------|--|---|--|------------|--|------------|
| SUBJEC   | CT: <u>REMARK</u>                            | ABLE CARE Name of Li                      | CONSULTANT   | S LLC      | <u> </u>   |            |
|          |  | nendment and fee(s) are su                | <del>-</del>   |            |  |            |
|          |  | Remarkable                                |  | Illiants L |  | 2023 JUL - |
|          | -  |   | Address  FL 33°  City/State and Zip Company Co | 113<br>ode |  | 6 PM 3: 06 |
| ٨        | . 1  | rson                                      | at (239<br>Area Code)  | 851 - 6    | 13 6   |            |
| Enclosed | is a check for the f                         | ollowing amount:                          |  |            |  |            |
| □ \$25.  | 00 Filing Fee                                | S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing F<br>Certified Copy<br>(additional copy is  | ,          | S60.00 Filing<br>Certificate of<br>Certified Cop<br>(additional copy | Status &   |
|          | Mailing Address:                             |   | Stree  | t Address: |  |            |

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

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

| (Ivane of the Educed Education Company as tell   | ow appears on our records.)  |
|--|--|
| (Name of the Limited Liability Company as it r<br>(A Florida Limited Liability Company)  | Zompany)   |
| The Articles of Organization for this Limited Liability Company were fil   | ed on 4 22 2019 and assigned   |
| Florida document number 19000 109 514  |  |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liability cor   | npany here:  |
| REMARKABLE BUSINESS SOLUTI   | ONS LLC  |
| The new name must be distinguishable and contain the words "Limited Liability Comp   | any," the designation "L.L.C" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:  | 5 20   |
| (Principal office address MUST BE A STREET ADDRESS)  |  |
|  |  |
|  | in the second se |
| Enter new mailing address, if applicable:  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | <u> </u>   |
|  | 07   |
| B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address: |  |
|  | Enter Florida street address   |
|  |  |
| Cin  |  |
| City  New Registered Agent's Signature, if changing Registered Agent:  | name, enter the new name of the limited liability company here:  RKABLE BUSINESS SOLUTIONS LLC  be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  ripal offices address, if applicable:  address MUST BE A STREET ADDRESS)  ng address, if applicable:  MAY BE A POST OFFICE BOX)  the registered agent and/or registered office address on our records, enter the name of the new registered new registered office address here:  Finer Florida street address  Enter Florida street address  Enter Florida Zip Code  |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Persan(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> | Address     | Type of Action      |
|--------------|-------------|-------------|---------------------|
|              |             |             | □Add                |
|              |             |             | □Remove             |
|              |             |             | □Change             |
|              |             |             | □Add                |
|              |             |             | □Remove             |
|              |             |             | □Change             |
|              | -           |             | Zii DAdd            |
|              |             | OF STATE    | Remove PH 3: Change |
|              |             | 157<br>     | □Add                |
|              |             |             | □Remove             |
|              |             | <del></del> | □Change             |
|              |             |             | □ Add               |
|              |             |             | □Remove             |
|              |             |             | □Change             |
| <del></del>  | <del></del> |             | □Add                |
|              |             |             | □Remove             |
|              |             |             | □Change             |

|   |   |   | <u>.</u>   |                     |                               |                        |                          |
|---|---|---|--|---------------------|-------------------------------|------------------------|--------------------------|
|   | · · ·   | · <del>-</del>                              |  |                     |                               | -                      |                          |
|   |   |   |  |                     |                               |                        |                          |
|   |   |   |  |                     |                               |                        |                          |
|   |   | · · ·                                       |  | -                   |                               |                        | -                        |
|   |   |   |  |                     |                               |                        | <del></del>              |
| <del></del> :                                       |   | <u>.</u>                                    |  |                     |                               |                        |                          |
|   |   |   |  |                     |                               |                        |                          |
|   |   |   |  |                     |                               |                        |                          |
|   |   | - <u>-</u>                                  | _  |                     | ۲r<br>۲:3                     | 2028                   |                          |
|   | <del></del>   |   |  |                     |                               | <del>-</del><br>انال   | <del></del>              |
|   |   |   | <del></del>                                      |                     |                               | <u>}≕</u><br>1         | - 1<br>- 1               |
|   |   |   | <u> </u>   |                     |                               | 5                      |                          |
|   |   |   |  |                     | SEES                          | PH                     | زو                       |
|   | _   |   |  |                     | 居                             | ب <del>ن</del><br>ن    |                          |
|   | <del></del>   |   |  |                     |                               |                        |                          |
| <del></del>   |   | <u> </u>                                    | <del></del>                                      | <del>_</del> .      | · ·                           |                        |                          |
|   |   |   | - · · · · -                                      |                     |                               |                        |                          |
|   |   |   |  |                     |                               |                        |                          |
|   |   |   |  |                     |                               |                        |                          |
| fective date, if otl                                | her than the date of  | f filing:                                   |  | (o <sub>l</sub>     | otional)                      |                        |                          |
| n effective date is listence  ote: If the date inse | her than the date of<br>ed, the date must be spec<br>crted in this block does | ific and cannot be prions not meet the appl | or to date of tiling or<br>leable statutory fill | more than 90 days a | tter tiling.).<br>this date w | Pursuant<br>zill not b | to 605.02<br>be listed a |
|   | date on the Departme  |   |  | ,                   |                               |                        |                          |
| ······································              | 1 1 00 2 1 1 1  | er .  |  |                     |                               |                        |                          |
| ecora specifies a de<br>is filed.                   | layed effective date, b   | out not an effective                        | time, at 12:01 a.m                               | on the earlier of:  | (b) The                       | 90th day               | y after th               |
|   |   |   |  |                     |                               |                        |                          |
| ted   |   | ·   | ·  |                     |                               |                        |                          |
|   | $\wedge$  |   |  | e of a member       |                               |                        |                          |
|   | 1. 1.0.1  | (//. Y)                                     |  |                     |                               |                        |                          |