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| (Requestor's Name) (Address) | 600 |
|---|------------------|
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | 3/28/23 V:LLC |
| Special Instructions to Filing Officer: |),(K). |
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Office Use Only



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TO:

| TO: Registration Se Division of Cor | | | |
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| Inside Voice | es Care, LLC | | |
| SUBJECT: | | | |
| SOBJECT. | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Jamila Oseye Hodges | | |
| | | Name of Person | |
| | Inside Voices Care, LLC | | |
| | | Name of Person LLC Firm/Company Address City/State and Zip Code om idress: (to be used for future annual report notification) lease call: 202 | |
| | 2503 Martucci Rd | | |
| | | Address | |
| | Seffner, FL 33584 | | |
| | omarland l@gmail.com | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please ca | all: | |
| Omar DeWitt Land | | 202 439-7441 | |
| | | at () | |
| Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |
| Mailing Address | | | ation |
| Registration by Division of C | | | |
| P.O. Box 632 | | | • |
| Tallahassee, | | | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limit | ed Liability Comp (A Florida Limited | any as it now appears on or Liability Company) | ır records.) |
|---|---|---|--|
| The Articles of Organization for this Limited Li Florida document number | | were filed on 25 April 2 | 2019 and assigned |
| This amendment is submitted to amend the follo | owing: | | |
| A. If amending name, enter the new name of | f the limited liah | oility company here: | |
| Lelantos, LLC | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liab | ility Company," the designat | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | N/A | FALL |
| Principal office address MUST BE A STREE | T ADDRESS) | | 25 m |
| Enter new mailing address, if applicable: | | N/A | OF STATE |
| Mailing address MAY BE A POST OFFICE | BOX) | | <u> </u> |
| B. If amending the registered agent and/or ragent and/or the new registered office addres | | address on our records | s, enter the name of the new regist |
| Name of New Registered Agent: | N/A | | |
| New Registered Office Address: | N/A | | |
| | | Enter Florida stre | et address |
| | · | | Florida Zip Code |
| | | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

Inside Voices Care, L.E.C.

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 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---|----------------|
| N/A | N/A | N/A | |
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| Effective date, if other than the If an effective date is listed, the date ment in this document's effective date on the | block does not me | et the applicable | te of filing or more than 90 statutory filing require | (optional)) days after filing.) Pursuan nents, this date will not | t to 605,0207 be fisted as t |
| e record specifies a delayed effect ord is filed. | ive date, but not a | n effective time. | at 12:01 a.m. on the ear | lier of: (b) The 90th d | ay after the |
| 20 January | | 2023 | | | |
| Dated | M. | · | | | |
| • | | | | | |

Typed or printed name of signee