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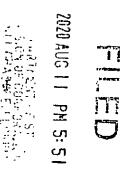
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations Trusted Home Care Agency, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Bryan Plonsky Name of Person Trusted Home Care Agency, LLC Firm/Company 1200 S. Rogers Circle - #4 Address Boca Raton, FL 33487 City/State and Zip Code accounting@trustedhes.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bryan Plonsky Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & S25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

133

Trusted Home Care Agency, LLC	<u> </u>	<u> </u>	
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our recor-	(ds.)	
(A FRANCE	satisfacty company)	The state of the s	
The Articles of Organization for this Limited Liability Company	were filed on 04/25/2019	of and assigned,	
Florida document number L19000113517		and assigned.	
This amendment is submitted to amend the following:		1 2 M	
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL!	C" or the abbreviation "L.L.C."	
	1615 S. Congress Ave.		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	Suite 148		
	Delray Beach, FL 33445		
Enter new mailing address, if applicable:			
.			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registere	
N CN D ' A I A			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addr	ess	
	. Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
	unu to ant in this papulaity. I t	forther agree to comply with the	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office, company has been notified in writing of this change.	e performance of my duties, o provided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is	

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Remove
			□Change
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ctive date, if other than th	e date of filing:		(optional)	43.00
effective date is listed, the date meet If the date inserted in this b	ist be specific and cannot be pri lock does not meet the app!	or to date of filing or more the leable statutory filing rec	ian 90 days after filing.) Pu juirements, this date wil	rsuant to 605.02 I not be listed
iment's effective date on the l				
ord specifies a delayed effect filed.	ve date, but not an effective	time, at 12:01 a.m. on th	ie earlier of: (b) The 90	Ith day after th
med.				
August 7,	2020			
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	7			
	Signature of a member or au	thorized representative of a	member	