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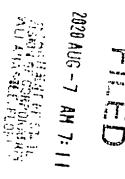
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	(#)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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SEP 2 8 7070 S. YOUNG

COVER LETTER

	DULT CARE, LLC		
SUBJECT:	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:	
	PATRICK COMON		
		Name of Person	
		Firm/Company	
	1032 SW LONGFELLOW	ROAD	
	PORT SAINT LUCIE, FLO	Address ORIDA 34953	
	patcomon@gmail.com	City/State and Zip Code	···
	= =	to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
Martine Comon		561 572-6077	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$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 enclosed

Mailing Address:

Registration Section

Division of Corporations

TO:

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

Street Address:

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

(Name of the Limited Liability Compan (A Florida Limited Li	ult Co	e LLC	TO A	
(A Florida Limited Li	ability Company)	i t		
The Articles of Organization for this Limited Liability Company v	vere filed on	5/09/2019	$\int_{-\infty}^{\infty}$ and assign	ıed
lorida document number <u>L 19000 12 67 11</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company her	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the de-	signation "LLC" or the al	bbreviation "L.L.C	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
inter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
	-			
 If amending the registered agent and/or registered office ac agent and/or the new registered office address here: 	ddress on our re	cords, <u>enter the nan</u>	ne of the new r	<u>egistere</u>
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
Name of New Registered Agent:				
N. D. '. 1007 A.H.				
New Registered Office Address:	Enter Florie	da street address		
		, Florida		
	City	, 1 1011044	Zip Code	
New Registered Agent's Signature, if changing				
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of r rovided for in Ci	ny duties, and I am hapter 605, F.S. Or,	familiar with a if this docume	and

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>	Address	Type of Action
AMBR	MARTINE COMON	1032 SW LONGFELLOW ROAD	∰Add
		PORT SAINT LUCIE. FLORIDA 34953	
			□ Change
			□ Add
			□ Remove
			□ Change
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ective date, if other	r than the date of f	ilina		10	optional)	
teffective date is listed, te: If the date inserte cument's effective date	the date must be specific d in this block does r	c and cannot be pri not meet the appl	ior to date of filing o ficable statutory fi	r more than 90 days	after filing.) Pursuant	
ecord specifies a delay s filed.	ed effective date, but	not an effective	: time, at 12:01 a.r	n. on the earlier o	f: (b) The 90th da	y after the
JULY 24	Ω	2020				
	Ma					
	14 (11/2/					
	Signature	of a member or au	thorized representat	ive of a member		