L19000150600

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COVER LETTER

Registration Section Division of Corporations

TO:

COMP SUBJECT:	ASSIONATE MEDICAL CARE	LLC	
30Bat.C1.	Name of Lir	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corr	respondence concerning this matte	r to the following:	
	LAURA LINDGREN		
		Name of Person	
	COMPASSIONATE ME	DICAL CARE LLC	
		Firm/Company	
	3822 BROADWAY AVE	E AUNIT A	
		Address	
	FORT MYERS, FL, 3390)1	
		City/State and Zip Code	
	E-mail address:	(to be used for future annual report notific	cation) = ==
For further informati	ion concerning this matter, please	·	Cation) TAY 14
LAURA LINDGRE	N	239 989-6630	> :7
Na	me of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check t	for the following amount:		
□ \$25.00 Filing Fe	ee ■ \$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)
Division of P.O. Box	on Section of Corporations	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe	orations Hahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMPASSIONATE M	EDICAL CARE LLC	
· · · · · · · · · · · · · · · · · · ·		

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/06/2019}{1}$ and assigned Florida document number 119000150600 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 5603 SW 10TH AVE Enter new principal offices address, if applicable: CAPE CORAL, FL, 33914 (Principal office address MUST BE A STREET ADDRESS) 5603 SW 10TH AVE Enter new mailing address, if applicable: CAPE CORAL, FL, 33914 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

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

New Registered Office Address:

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.

City

Enter Florida street address

_, Florida __

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
MGR	FRANK SEDA	3822 BROADWAY AVE UNITA	□Add
		FORT MYERS, FL, 33901	■Remove
			□Change
MGR	JACOB AUSTIN MOORE	3822 BROADWAY AVE UNITA	□Add
		FORT MYERS, FL, 33901	■Remove
			□Change
			□Remove (/)
			☐ □Change
			□ Add □ □ □ Remove
			Change
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Effective date, if other than the defeater than the defeater that the date must be a local to the date inserted in this block document's effective date on the Dep	e specific and cannot be prior to date of filing or k does not meet the applicable statutory file.	(optional) r more than 90 days after filing.) Pursuant ling requirements, this date will not b	to 605.0207 be listed as
record specifies a delayed effective of is filed.	late, but not an effective time, at 12:01 a.n	n, on the earlier of: (b) The 90th da	y after the
APRIL 22 Pated	2021		
	// \ \ \		
S	grature of a member or authorized appresentati	da juli	_

Filing Fee: \$25.00