## 119000180297

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## **COVER LETTER**

TO: Registration Section Division of Corpo		. 11	•
SUBJECT:	S. OV Con Name of Limit	S Jan H L  ted Liability Company	h C
The enclosed Articles of Ar	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Prenette:	Jean Wuss	<del></del>
		Firm/Company	
	540 NZ	164th Freet	
	Miani	Cits/State and Zip Code	62
	Carchub 2 E-mail address: (t	o be used for future annual report notific	Cation)
For further information con	cerning this matter, please ca	dl:	
Scrette Je Name of P	CA WOLLS	at (780) 487- Area Code Daytime	Telephone Number
Enclosed is a check for the	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)
Malling Address		Sc	

Mailing Address:

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

MS GOR	JES VANITY LLC	T.
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on 07-12-2019	and assigned
Florida document number L19000180297	·	
This amendment is submitted to amend the following	y;	
A. If amending name, enter the new name of the	limited liability company here:	
CARE HUB M	IIAMI LLC	
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DDRESS)	
· · · · · ·		
		<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
3. If amending the registered agent and/or registe		name of the new registere
gent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	City	Zin Code

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

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
			□Add
		·	□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
		·	□Change
			Remove
		<del></del>	Change
			□Add
			□Remove
		<del> </del>	□Change
			□Add
			□Remove
			□ Change

. If am	sending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	Dec 24 2020
	Significant description of the second
	Signature for Speember or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00