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(Business Entity Name)	-		
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08/26/22--01004--018 **50.00

08/28/22--01004--019 **10.00

FILED DECENTER 1122 AUG 26 PH 1:39 AUG 26 PH 12:25 FUL AUG. 2. FLEXILY AND SEE INT

AUG 2 6 2022 D COMPARELL

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: DOWN 7 Get up 8 UC .
The er	nelosed Articles of Amendment and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Rebecca Farrier
	Name of Person
	Firm/Company
	1000 W. Mcnab Rd & 254 Address
	Pompero Beach FL 33067 City/State and Zip Code
	Sayeshome care @ gahov. com E-mail address: (to be used for tuture annual report notification)
For fu	orther information concerning this matter, please call:
	Rebuce Furier at (35) 833-5995 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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□ \$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 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 A TO ARTICLES OF OF OF \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc	AGANIZATION FILED END AUG 26 PM 1: 39 as it now appears on our records.) Mill Article 1: 39 billity Company)
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabili</u> SAYES Home CAVE UC The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Company," the designation "LLC" or the abbreviation "L.L.C." 1000 W. McN (b) Rd & 254 Panpano . Becch, FC 33069
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	1000 WI MChab Rd De 254 Pompeno Beach, FL 33069
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registered

Name of New Registered Agent:	Rebecca Ferrier
New Registered Office Address:	1000 W. MCROb Rd Ste 254
	Enter Florida street address
	Pompano Brach, Florida 33069
	City Zip 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 Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
			🗆 Add
		<u> </u>	Change
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			🗆 Remove
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			□ Add
			□Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Dated __ Signatu e of a member or authorized representative of a member Vrick ped or printed name of signee

Filing Fee: \$25.00