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SCORTARY OF JIA FALLAHASSEE, FLOR

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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

	PRESS CARE SERVICE, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Name of Person Area Code Daytime Telephone Number  ed is a check for the following amount:  5.00 Filing Fee		
Please return all correspo	ondence concerning this matter	to the following:	
	GREGORY S. FLANAGA	AN, ESQ.	
	<del></del> -	Name of Person	
	GREGORY S. FLANAGA	AN, P.A.	
		Firm/Company	
	2701 SE MARICAMP RO	AD, SUITE 104	
		Address	
	OCALA, FL 34471		
		City/State and Zip Code	
	-		
	E-mail address: (	to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	
GREG FLANAGAN			
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificat (additional copy is enclosed) Certified	te of Status &
<u>Mailing Addres</u> Registration S Division of C	Section	Street Address: Registration Section Division of Corporations	
P.O. Box 632	•	The Centre of Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 8	10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BB&J EXPRESS CARE SERVICE, 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  $\frac{10/16/2019}{1}$ and assigned Florida document number [1.19000260294 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: B & J EXPRESS CARE SERVICE, LLC The 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  $\mathfrak{S}_{-1}$ 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 Office Address: Enter Florida street address 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

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
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			□Remove
			Change
			□Remove
			□Change
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Filing Fee: \$25.00

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