

L19 000 272258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

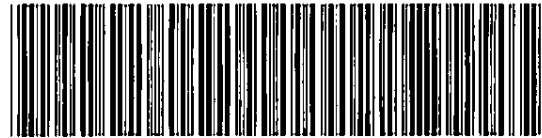
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100340359221

03/18/20--01000--005 **35.00

FILED
2020 FEB 18 PM 4:22
SECURITY
FALL 2019

O SIMMONS

MAR 11 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A caring culture LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deniecia Miller
Name of Person

A caring culture
Firm/Company

2923 Goodrich Ave
Address

Sarasota FL 34234
City/State and Zip Code

acaringculturellc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deniecia Miller at (941) 718-8047
Name of Person 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)

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**

A caring culture 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 10/31/2019 and assigned
Florida document number L19000272258

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A caring Culture Senior Services LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

2923 Goodrich Ave
Sarasota FL 34234

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1661 Ringling Blvd
Box # 2074
Sarasota FL 34230

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:

Deniecia Miller

New Registered Office Address:

2923 Goodrich Ave

Enter Florida street address

Sarasota

City

Florida

34234

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.

Deniecia Miller

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>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

VP	Nannette D Washington	2128 N Osprey Ave	<input type="checkbox"/> Add
		Sarasota FL 34234	<input checked="" type="checkbox"/> Remove

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input checked="" type="checkbox"/> Remove
--	--	--	--------------------------------------------

			<input checked="" type="checkbox"/> Change
--	--	--	--------------------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

2020 FEB 18 PM 4:22
STATE OF FLORIDA
SOLICITOR GENERAL
TALLAHASSEE, FL

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

2020 FEB 18 PM 4:22
SECRET
ITALY
SECRET

2020 FEB 18 PM 4:22
STORR 110 STATE
TALL 110 STATE
STORR 110 STATE

100

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _____,

Signature of a member or authorized representative of a member

Denieca Miller

Typed or printed name of signee