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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Registration Section 🧳

| Divi | ision of Corp | porations | | | | |
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| CUBIECT | IN GOD'S H | HAND INDEPENDENT LIVI | NG CARE, LLC | | | |
| SUBJECT: | Name of Limited Liability Company | | | | | |
| | | | | | | |
| The enclosed | Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return | all correspon | ndence concerning this matter | to the following: | | | |
| | | DANGER, JUVELYNE | | | | |
| | | | Name of Person | | | |
| | | IN GOD'S HAND INDEP | ENDENT LIVING CARE, | LLC | | |
| | | | Firm/Company | <u> </u> | | |
| | | 2390 N POWERS DR | | | | |
| | | | Address | - · · · · · · · · · · · · · · · · · · · | | |
| | | ORLANDO, FL 32818 | | | | |
| | | | City/State and Zip Code | | | |
| | | EVELYNEDANGER@YA | | | | |
| | | | o be used for future annual rep | ort notification) | | |
| For further in | formation co | oncerning this matter, please c | all: | | | |
| JUVELYNE | DANGER | | 407 968-7 | 7893 | | |
| | Name of | Person | | Daytime Telepho | one Number | |
| Enclosed is a | check for the | e following amount: | | | | |
| □ \$25.00 F | iling Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Reg Div P.O | ling Address distration S dision of Co discount Box 6327 dahassee, F | ection orporations 7 | Division of The Centro 2415 N. N. | ress: on Section of Corporation re of Tallahas Monroe Street ee, FL 32303 | ssee t, Suite 810 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IN GOD'S HAND INDEPENDENT LIVING 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 $\frac{10/28/2019}{10/28/2019}$ and assigned Florida document number L19000278439 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 "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) 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 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> | Name | Address | Type of Action |
|--------------|------------------|-------------------------------------|-----------------|
| VP | DANGER, JUVELYNE | 2390 N POWERS DR, ORLANDO, FL 32818 | □ Add |
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| (If an Not | tive date, if other than the date of filing: |
| If the rec record is | 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. |
| Date | April 9th 2024 |
| Date | · |
| | Senature of a member or authorized representative of a member |
| | |

Elling E. .. 625 00

Typed or printed name of signee