

L19000300392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

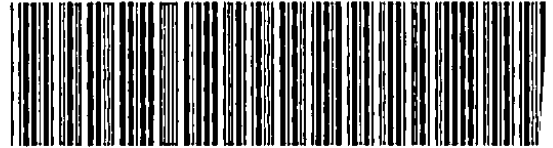
(Business Entity Name)

(Document Number)

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05/04/20--01015--007 \*

CM  
5/22/20

TO: Registration Section  
Division of Corporations

SUBJECT: Care Consults 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:

Samantha Gertig Cummings

Name of Person

Firm/Company

7051 Chatum Light Run

Address

Bradenton, FL 34212

City/State and Zip Code

sammy2200@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Cummings

239

989-9965

at ( )

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

TO  
ARTICLES OF ORGANIZATION  
OF

2020 MAY -4 AM 9:54

Care Consults 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 12/10/2019 and as  
Florida document number L19000300392.

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 "

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 agent and/or the new registered office address here:**

Name of New Registered Agent: Samantha J Cummings

New Registered Office Address: 7051 Chatum Light Run  
*Enter Florida street address*

Bradenton, Florida 34212  
*City Zip*

**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 provisions of all statutes relative to the proper and complete performance of my duties, and I am famili accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if thi being filed to merely reflect a change in the registered office address, I hereby confirm that the limited company has been notified in writing of this change.*

  
**If Changing Registered Agent, Signature of New Register**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

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

I am requesting a name change due to marriage. I am the MGR, my name is changing from

Samantha Cartright to Samantha J Cummings.

**E. Effective date, if other than the date of filing: 03/11/2020 (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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 record is filed.

Dated March 11th 2020



Signature of a member or authorized representative of a member

Samantha J Cummings

Typed or printed name of signee