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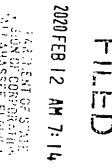
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MAR 0 7 2020 S. YOUNG

COVER LETTER

TO:

TO: Registration S Division of Co			
Imperial C	Care LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nisa Caraballo		
		Name of Person	
	Imperial Care LLC		
	. 214 7	Firm/Company	
	2820 39TH Ave North		
		Address	
	St.Petersburg FL 33714		
		City/State and Zip Code	
	imperialcaresllc@gmail.c		
For further information	t:-mail address: (concerning this matter, please c	to be used for future annual report no all:	tification)
Nisa Caraballo		727 512-8465	
Name	of Person		ne 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:		Street Address:	antiam
Registration Section		Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Imperial Care LLC			は発動 二
(Name of the Limit	ed Liability Company as	t now appears on our records.) y Company)	S S S S S S S S S S S S S S S S S S S
	(A Florida Limited Liabilit	y Company)	
		December 11th 2010	
The Articles of Organization for this Limited Li	ability Company were	filed on December 1111 2019	and assigned
Florida document number L19000302490			
Tiorida document mantoer	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability of	ompany here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Co	mpany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
	 		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
•			
B. If amending the registered agent and/or r	egistered office addre	ss on our records, enter the na	me of the new registered
agent and/or the new registered office address	•	33 OH OUT I LEGITUS, CHILLI THE BU	nie of the new registered
agent and or the new registered office address			
Name of New Registered Agent:	Nisa Caraballo		
	C204 50 -4 N I I - 4 O	00	
New Registered Office Address:	6301 58 st N Unit 9		<u></u>
		Enter Florida street address	
	Pinellas Park	, Florida	33781
		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

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
AMBR Dante Joh	Dante Johnson	2820 39th Ave N	
		<u> </u>	□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□Add
		- <u>-</u>	Remove
			Change
			□Add
	•		Remove
			Change
			Remove

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Mike Cerbelle		tive date, but not an effective time, at 12:01 a.m. on th	ne earlier of: (b) The 90th day after the
Signature of a member or authorized representative of a member	03/01/2020 Dated	12:01AM	
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		Signature of a member or authorized representative of a	member
		Typed or printed name of signee	

Filing Fee: \$25.00