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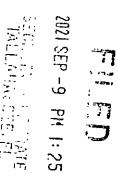
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration S Division of Co				
	SOCIAL CARE LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	bmitted for filing.		
Please return all corresp	oondence concerning this matter	r to the following:		
	ALEJANDRO AMORES			
	-	Name of Person	-	
	AMORE SOCIAL CARE	LLC		
Firm/Company				
	28800 SW 164 AVE			
	·	Address	-	
	HOMESTEAD FL 33033			
	- TOMOS MAIL C	City/State and Zip Code	- 3 2	
	AMORETCM@GMAIL.C	(to be used for future annual report notification)	2021 SEP	
For further information	concerning this matter, please of	•		
ALEJANDRO AMORI	ES	786 587-7920	,t-	
Name	of Person	at () Area Code Daytime Telephone Number	PH 1:25	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	€ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &	
Registration Division of P.O. Box 63	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	310	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMORE SOCIAL 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 Lia	ability Company v	were filed on 01/16/2020	and assigned
Florida document number L20000023987			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabil	lity company here:	
	* 1		
The new name must be distinguishable and contain the wo	ords "Limited Liabilit	ty Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	28800 SW 164 AVE HON	MESTEAD FL 33033
(Principal office address MUST BE A STREET			
			
Enter new mailing address, if applicable:		28800 SW 164 AVE HON	1ESTEAD FL 33033
(Mailing address MAY BE A POST OFFICE B	eoxo		
22.1.001.011.100.1	<u></u>		
	i ilubi		<u> </u>
B. If amending the registered agent and/or re	gistered office ac	ddress on our records, <u>er</u>	nter the name of the new registered
agent and/or the new registered office address	here:		-9
Name of New Registered Agent:	ALEJANDRO A	MORES	
New Registered Office Address:	28800 SW 164 A	VE	
		Enter Florida street ac	ddress
	HOMESTEAD		. Florida ³³⁰³³
	-	City	Zip Code
Name Danistania de La Da Cita de la 16 de la laca	• . • .		

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 = M $AMBR = A$	lanager .uthorized Member	NI	A	
<u>Title</u>	<u>Name</u>		Address	Type of Action
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If amending ar	ny other information, o	enter change	e(s) here: (Attach	additional sheets	, if necessary.) 🦠	M
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(If an effective date	if other than the date is listed, the date must be sp	ecific and canno				
	te inserted in this block do ective date on the Departn			ory filing requireme	ents, this date will r	ot be listed as
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	es a delayed effective date	, but not an efi	fective time, at 12:0	01 a,m. on the earli	er of: (b) The 90tl	n day after the
ord is filed.						
Datad		•	•			
Dated		 ,	7/1/	, ?)	1 1	
			Mayo	2)	, 9/1/ 9/1	5051
	Signat	ture of a membe	er or authorized tepre	sentative of a membe	r	
ALE	JANDRO AMORES				91.1	2021
	.	Туре	d or printed name of	signee		

Filing Fee: \$25.00