

L20 00000 25909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

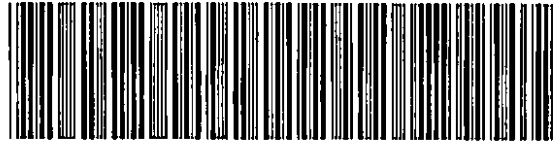
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10/6
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Office Use Only



300349049353

RECEIVED

JUL 27 2020

07/28/20--01017--029 **5.00

07/27/20--01065--005 **25.00

2020 OCT -6 PM 12:25

LLC

N/C

Amend.

10/7/20

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2020

SHERRY SMITH CRAIG
14701 BARTRAM PARK BLVD #501
JAX, FL 32258

SUBJECT: CARGIVERS TO SENIORS LLC
Ref. Number: L20000025909

We have received your document for CARGIVERS TO SENIORS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 620A00017943

2020 OCT -6 PM 1:17

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Car Givers To Seniors 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:

Sherry Smith Craig
Name of Person

Firm/Company

14701 Bartram Park Blvd #501
Address

Jax. FL 32258
City/State and Zip Code

Sherry Craig @ yahoo. com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherry Smith Craig at (904) 589-8194
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

CARE GIVERS TO SENIORS 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 1/21/2020 and assigned Florida document number L20000025909

This amendment is submitted to amend the following:

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

CARE GIVERS TO SENIORS LLC

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)

3780 KORI Road
Unit #6
JACKSONVILLE, FL. 32257
32257

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3780 KORI Road
Unit #6
JACKSONVILLE FL. 32257

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:

Sherry Smith Craig

New Registered Office Address:

14701 Bartram Park Blvd #501
Enter Florida street address

JACKSONVILLE, Florida 32258
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.

Sherry Smith Craig

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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Sheng Nitz Chan
Signature of a member or authorized representative of a member

Sherry Smith Craig
Typed or printed name of signee