L200000 31354

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:

TO:	Registration Se Division of Cor					
4 · 1 : Th F T T	2 VII)	GENER	OUS KARE LLC			
SUBJE	C1:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please 1	return all correspo	ndence concerning this matter	to the following:			
			Tymira Robison			
			Name of Person			
		Gl	ENEROUS KARE LLC			
			Firm/Company			
		18	77 Northgate Blvd			
			Address			
		Sarasota, FL 34234 City/State and Zip Code				
			vmira_r@yahoo.com to be used for future annual report noti	fication)		
For fur	ther information c	oncerning this matter, please ca	·	(Catholi)		
i va jan	Tymira	-	 _{at (} _941_ ₎ 587.7655			
	Name o	f Person		e Telephone Number		
Enclose	ed is a check for th	ne following amount:				
⊠ \$23	5.(X) Filing Fee	S30.00 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)		
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	วทา		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{-L20000031354}$.	were filed on <u>01/24/2020</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Generous Kare at Home LLC	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	1877 Northgate Blvd Sarasota, FL 34234
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1877 Northgate Blvd Sarasota, FL 34234
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent: Tvr	mira Robison
New Registered Office Address: 1877 No.	rthgate Blvd
	Enter Florida street address Sarasota , Florida 3 4234 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
			□ Add
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Remove
			Change
			Remove
			Change
		<u> </u>	
			□ Remove
			☐ Change

D. If aim	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
•	
(If an ef Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	April 22r 2020
	Signature of a member or authorized representative of a member
	Tymira Robison
	Typed or printed name of signee

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Filing Fee: \$25.00