

L200000507Q3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

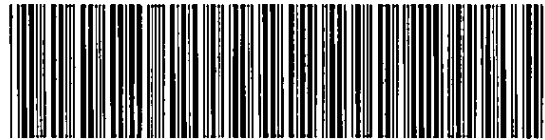
(Business Entity Name)

(Document Number)

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04/13/20--010.2--014 **25.00

DEPARTMENT OF STATE
CLERK OF CORPORATION
WASHINGTON, D.C.

2020 APR 13 AM 7:11

FILED

APR 23 2020

S. YOUNG

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Suzette's Loving Care
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:

Suzette Douglas
Name of Person

Suzette's Loving Care
Firm/Company

2109 Quincy St. S.
Address

St. Petersburg FL 33711
City/State and Zip Code

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

For further information concerning this matter, please call:

Suzette Douglas at (813) 446-2876
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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**

Suzette's Laving Care
(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 2/14/2020 and assigned
Florida document number 84-4727757

This amendment is submitted to amend the following:

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

Suzette's Laving Care 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**)

2109 Quincy St S.
St. Petersburg FL 33711

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A.

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:

Suzette Douglas

New Registered Office Address:

2109 Quincy St S.

Enter Florida street address

St. Petersburg Florida 33711
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.

Suzette Douglas


If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[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.


Signature of a member or authorized representative of a member

Suzette Douglas
Typed or printed name of signee

Filing Fee: \$25.00