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COVER LETTER

Registration Section Division of Corporations

TO:

~	T&T Compassionate Care LLC			
SUBJECT:		Name of Limit	ted Liability Company	
The enclose	d Articles of :	Amendment and fee(s) are subr	nitted for filing.	
Please return	n all correspon	ndence concerning this matter t	to the following:	
		Lashara K Thomas		
			Name of Person	
			Firm/Company	
		4750 Wyresdale ST		
		Orlando FL. 32808	Address	
			City/State and Zip Code	_
		E-mail address: (1	to be used for future annual report notification)	
For further	information c	oncerning this matter, please ca	all:	
Lashara K	Thomas		407- 300-4047 at ()	
	Name o	f Person	at ()	vumber
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed)	0.00 Filing Fee, entificate of Status & entified Copy Iditional copy is enclosed)
Re Di P.	O. Box 632	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S	
Tallahassee, FL 32314			Tallahassee, FL 32303	-

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T&T Compassionate Care LLC		
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited L Florida document number L20000069826	Liability Company were filed o	on 03/03/2020 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compa	ny here:
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 appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addre	~ .	our records, enter the name of the new registe
Name of New Registered Agent:	Lashara K Thomas	
New Registered Office Address:	4750 Wyresdale ST.	12 1
		ter Florida street address
	Orlando	Florida 32808
	€JW,	zio 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 to 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 amenging Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Owner	Lashara K Thomas	4750 Wyresdale ST. Orlando FL. 32808	= Add
		11	□Remove
			□Change
		•	□Add
			□Remove
			□Change
	. 3		□ Add
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			□Change
			
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			☐ Change

adde	as the owner, therfore I can	continue with the next steps.		
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)	
<u> </u>		41	,	
	date, if other than the da	03/04/2020	(optional)	
an effecti ote: If i	ومط فمحتصر معملات بالمالين بالانتيال المنازي	specific and cannot be prior to date does not meet the applicable sta	of filing or more than 90 days after filing.) attotory filing requirements, this date v	Pursuant to 605.0207 (vill not be listed as t
ecord s	ecifies a delayed effective da	ate. but not an effective time, at	12:01 a.m. on the earlier of: (b) The	90th day after the
ated	ril 4	2020		
aicu	0			
		mature of a member or authorized r		<u> </u>

Filing Fee: \$25.00