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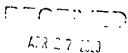
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(Business Entity Name)	04/28/2001
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LLC Arrend. Q. Moore 5-5-20

COVER LETTER

TO: Registration S Division of Co			
OUD LE CT	· Always Bes	st At Home LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Vivian Chouinard	
		Name of Person	
	A	lways Best At Home L	LLC
		Firm/Company	_
	213 S.	Dillard St. Suite 220E	
		Address	
	Winter	Garden Fl. 34787	
		City/State and Zip Code	
	mattch E-mail address: (1	ouinard76@gmail.cor	n ication)
For further information	concerning this matter, please ca	all:	
	an Chouinard of Person	at (<u>407</u>) <u>516-459</u> Area Code Daving	94 Telephone Number
		•	
Enclosed is a check for	the following amount:		
\$25,00 Filing Fee	□ \$30.00 Fiting 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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Always Best A	t Home LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000072331</u> .	were filed on 03/04/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company" the decignation "I I C" or the abbreviation "I I C"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	213 S. Dillard St. Suite 220E Winter Garden Fl. 34787
Enter new mailing address, if applicable:	213 S. Dillard St. Suite 220E
(Mailing address MAY BE A POST OFFICE BOX)	Winter Garden Fl. 34787
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
 	, Florida
	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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Matthew Chouinard	15601 Laguna Road Clermont Fl. 34711	Ş Add
			Remove
			Change
AMBR Vivian Ch	Vivian Chouinard		D Add
			Remove
		15601 Laguna Road Clermont Fl. 34711	☑ Change
		Remove	
			Change
		□ Add	
			Remove
			Change
		□ Add	
			□ Remove
			Change
		🗆 Add	
			Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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F-66	
11010	we date, if other than the date of filing:
ne rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated _.	April 23rd, 2020 Signature of a member or authorized representative of a member
	Vivian Chouinard Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00