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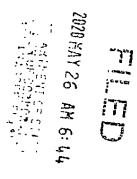
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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05/28/20--01012--019 **25.00



JUN 1 5 2020 S. YOUNG

COVER LETTER

Division of Corpo	orations			
SUBJECT: TEA	Name of Limit	XXX + 10MCCAY	ELLC	
•				
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return all correspond	dence concerning this matter t	o the following:		
		Name of Person	e:C	
		Firm/Company		
	1340 3	and St.	 :	
	Saraso	Ta FL 3423 City/State and Zip Code	4	
	administrat	O be used for future annual report notifi	roasthomecare. (ch	\bigcirc
For further information con	ncerning this matter, please ca	11:		
TI Star Name of F	y Batter Person		Telephone Number	
Enclosed is a check for the	following amount:		·	
☑ \$25.00 Filing Fee	☐ \$30.00 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)	•
<u>Mailing Address:</u> Registration Se		Street Address: Registration Sec	tion	

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

TO: 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

Name of the Limited Liabil	ity Company as it now appears on our revela Limited Liability Company)	recare CCC
The Articles of Organization for this Limited Liability C	Company were filed on	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
<u> </u>		20
The new name must be distinguishable and contain the words "Lin	nited Liaomy, этрапу," the designation "	LLC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RFSS)	49 60 F
True par vifice saures, MOST BL ADIRED ADD		35 3 1/1
		· 60
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		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 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
MER	THEONYBUTHER	1340 32 nd St.	
	•	Sorasola, FC 39234	🗆 Remove
			□Change
AMBR	THANY BUTHER	1340 32-nc/51.	🗹 Add
		Strasota, FC 34234	□Remove
			□Change
			[]Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			CIRemove
			□Change
			□Add
			□ Remove
			□Cha=a=

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	in wider to open bank acct
	in Order to commank acct
	
(If an e Note	ctive date, if other than the date of filing:
the rece	ord 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 filed.
Date	$\frac{d}{d} = \frac{05/21}{2020}$
	Signature of a member or authorized representative of a member
	\ \ Signature of a member or authorized representative of a member
	Tiffani Buthi

Filing Fee: \$25.00