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COVER LETTER

TO:

	tegistration Sec Division of Corp			- 1 - may
		ECARE SVC. LLC	A	
SUBJECT	l':	Name of Limi	ted Liability Company	
The enclos	sed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please reti	ırn all correspo	ndence concerning this matter	to the following:	
		MAUREEN ADAMSON N	MORRISON	
			Name of Person	
		CMS HOMECARE SVC.	LLC.	
			Firm/Company	
		4871 N W 65TH AVE		
		<u> </u>	Address	
		LAUDERHILL, FL. 33319)	
			City/State and Zip Code	
		maureenmorris54@yahoo.e		
			to be used for future annual report no	otification)
For furthe	r information c	oncerning this matter, please co	all:	
MAUREI	EN ADAMSON	MORRISON	954 274-7074 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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)
	Mailing Addres		Street Address:	· sation
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CMS HOMECARE SVC. LLC		
(<u>Name of the Limited Liab</u> (A Flori	lity Company as it now appears on our recorda Limited Liability Company)	<u>ds.)</u>
The Articles of Organization for this Limited Liability	Company were filed on 05/01/2020	and assigned
Florida document number L20000118672	.	5
This amendment is submitted to amend the following:		-
A. If amending name, enter the new name of the lin	nited liability company here:	PH 6: 03
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLs	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, ente	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	288
		lorida
	Cuy	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
MGR	Savani Morrison	4871 N W 65th Ave. Lauderhill, FL 33319	🗆 Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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