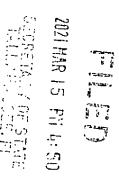
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US

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:	Care Senior I-Name of Lim	Graportal Ti	consportation LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Wilmany	Pagan Perez	
		Firm/Company	
		•	1120 P
	1002 30	Th AVE E Address	
	_Braden-	City/State and Zip Code	R 15 PH 4:50
	E-mail address: (to be used for future annual report notif	
For further information co	oncerning this matter, please ca	all:	
Wilmany Pare of	Derson	at (941) 260 - Area Code Daytime	- 77 U 5 e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Care Senior (Name of the Limited Liability (A Florida	Transporta- ty Company as it now appears of Limited Liability Company)	tion LLC
The Articles of Organization for this Limited Liability Co Florida document number <u>L2000 (59.7.2</u>		200 10 -, 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	-	•
THE NEGTVE LLC The new name must be distinguishable and contain the words "Limi		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
	 ···	
		2021 2021
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		Cord Of France
		<u> </u>
B. If amending the registered agent and/or registered	office address on our reco	
agent and/or the new registered office address here:	office address on our reco	ords, enter the name of the new registered
		~
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 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
			□Add
			□Remove
			□Change
			□∧dd
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		•
Effective date, if other than the date of filing: 04/01/202 If an effective date is listed, the date must be specific and cannot be prior to date of filing. Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	ing or more than 90 days after filing.)	Pursuant to 605,020 will not be listed a
e record specifies a delayed effective date, but not an effective time, at 12:0 rd is filed.	I a.m. on the earlier of: (b) The	e 90th day after the
Dated $03/03/21$		
Wilmany Pagan Perez.	entative of a member	
Wilmary Rogan Perez. Typed or printed name of si		