L20000166613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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2020 OCT 16 AM 10:27

RECEIVED

2020 OCT 16 PM 1:01

OCT 19 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724

DATE 10/16/2020

WALK IN

ENTITY NAME Esther's Care, LLC

DOCUMENT NUMBER

PLEASE FILE THE ATTACHED AND RETURN

_____ Plain Copy
_____ Certified Copy
_____ Certificate of Status
_____ _____

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

_____ Certified Copy of Arts & Amendments
_____ Certificate of Good Standing
_____ _____

APOSTILLE' / NOTARIAL CERTIFICATION

COUNTRY OF DESTINATION _____
NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED $25.00 ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. **Thank you** so much!

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Esther's Care LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darling St Jean
Name of Person

Esther's Care LLC
Firm/Company

303 Taylor Blvd
Address

Winter Haven/ FL 33880
City/State and Zip Code

estherscarebeauty20@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darling St. Jean at (863) 7094933
Name of Person — Area Code — Daytime 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)

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

Street Address:
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

Esther's Care LLC 2020 JUN 15 AM 10:29

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 15, 2020 and assigned Florida document number L20000166613.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company 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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

_____

_____

_____

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

_____

_____

_____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new 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

Title	Name	Address	Type of Action
AMBR	Darling St Jean	303 Taylor Blvd	☐Add
		Winter Haven, FL 33880	☐Remove
			☐Change
AMBR	Shanice Brown	208 Pearl St APT B	☐Add
		Auburndale, FL 33823	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

JUL 15 2020 29

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October 15, 2020.

Signature of a member or authorized representative of a member

Darling St. Jean

Typed or printed name of signee

Filing Fee: $25.00