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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: Com	mitted To Car	ing Home Health	· Services 1	_le
	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Vadrekci			
	Committed 7	o Caring Home	teulth Service:	s Llc
	_	Firm/Company		
	lette NE 7st	Street Apt Be	:ynton Brack ————————————————————————————————————	17L_ 3435
		11001012		
	boynton	Breich KL	33435	
	Ω_{α} is in Ω_{α}	City/State and Zip Code		
	F-mail address:	to be used for future annual report not	ification)	20
For further information co	oncerning this matter, please of		7	20 AU
Vadreka W	Jatens	at (5al) 838.	4485	610
Name of Enclosed is a check for the		Area Code Daytin	ne Telephone Number	2020 AUG TO AM 7: 10
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
Mailing Address Registration S	ection	Street Address: Registration Se		
Division of Co	orporations	Division of Cor	rporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Committed To Caring Home Health Services Lle (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 $\frac{6/23}{2020}$ Florida document number L 20000174471 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

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	Vadreka Waters	S 6000 NE 75 Street Apt 1 Bounton Berick IFL 3345	□Add
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Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sh	eets, if necessary.)	
	- 20	
	2020 AUG	T
	HAC 10	The season
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	(optional) (Optional))7 (3)() is the
If the record specifies a delayed effective date, but not an effective time, a (b) The 90th day after the record is filed.	at 12:01 a.m. on the earlier o	of:
Dated July 30 2020 Vadreifica Utatif		
Signature of a member or authorized representative of a member of a member of a member	moer	

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Filing Fee: \$25.00