

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Fittone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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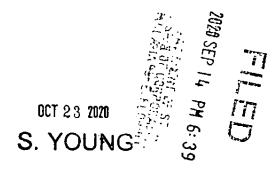
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Chek's Detail	ling + Cleaning LLC Liability Company
The enclosed Articles of Amendment and fee(s) are submit	tted for filing.
Please return all correspondence concerning this matter to	the following:
Cherrise	2 Taylor-Lipscomb
K5 Busine	ss + Professional Services UC
6034 C	hoster Are Ste 105
Jacksonville	Lle, FC 32217 City/State and Zip Code
K5 busine E-mail address: (to b	SSServices 110 Domail. Con pe used for future annual report notification)
For further information concerning this matter, please call:	
Chemise Taylor-Lipscomb	at (94) 527-3687 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address: Registration Section

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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	OF STATE
Chek's Detailing. (Name of the Limited Liability C. (A Florida Lin	ompany as it now appears on our records.) inted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L20000209857</u>	pany were filed onand ssigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	Care LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	Liability Company," the designation "LLC" or the abbreviation "L.L.C." LOQ8 Chester Ave Ste 205A Jacksony, lle, FC 32217
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, 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
		□ Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
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(If an effective Note: 1	e date, if other than the date of filing:
he record ord is file	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 d.
Dated _	9-9-20 Moio L. Comp. Signature of a member for authorized representative of a member
	Signature of a member or authorized representative of a member Antonio L. Coon cri Typed or printed name of signee