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Office Use Only



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## **COVER LETTER**

	Division of Corpo				
SUBJEC	et: Ethi	care LL	$\mathcal{C}$		
			Limited Lial	bility Company	
The encl	osed Articles of A	mendment and fee(s) are	submitted :	for filing.	
Please re	turn all correspond	lence concerning this ma	tter to the f	ollowing:	
		RACC		Budham Name of Person	<u></u>
		E	thicar	e LC	
		329	0 W	93rd PL	<del></del>
		- Ha	leah City/s	FL 3301 State and Zip Code	8
		E-mail addre	ss: (to be use	am a amal	fication)
For furth	er information con	cerning this matter, plea	se call:		
R	ACQUCT Name of P	Buthan		at (954) 554 Area Code Daytim	- 5104- ne Telephone Number
Enclosed	is a check for the	following amount:			
图\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	s (	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 Se Division of Cor			Street Address: Registration Se Division of Cor	porations
	P.O. Box 6327			The Centre of 7	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILED

Ethi	care	LLC	2020	001 20	AM 9: 5U
(Name of the Limited L (A F	iability Comp lorida Limited	any as it now ap Liability Compa	pears on spr (	<b>宗包持</b> )RY	OF STATE RSEELFL
The Articles of Organization for this Limited Liabil	ity Company	y were filed on	JU1	1,20	and assigned
Florida document number 85-2171207	H/L20	)/LOOX	DM30	, ,	
This amendment is submitted to amend the following	,		,00		
A. If amending name, enter the new name of the	: limited lial	bility compan	<u>y here</u> :		
The new name must be distinguishable and contain the words	"Limited Liab	ility Company," t	the designation	"LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	:				
(Principal office address MUST BE A STREET A	DDRESS)		<u>.</u>		
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX	<u>v)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered office address he	tered office ere:	address on ou	ır records, <u>e</u>	nter the n	ame of the new regist
Name of New Registered Agent:	PAC	PUEL 1	PETER -	GAF.	Budham_
New Registered Office Address:	32.9	90 W	93 (	<u> </u>	
_	Ho				33018 Zip Code
		-			Zip Code
New Registered Agent's Signature, if changing Regis	itered Agent:	<u>:</u>			
hereby accept the appointment as registered ag					

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>	Name	Address	Type of Action
AMBR	REQUEL Budham	3290 W 93rd pl	[2]Add
		Haleah fl 33018	□ Remove
			□ Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

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 90 days after filing.) Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a 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 14 , 2000 .  Signature of a member or authorized representative of a member
Abuthan Signature of a member or authorized representative of a member
FACQUEL BUTLARY  Typed or printed name of signee

. . . .

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