L20000218789

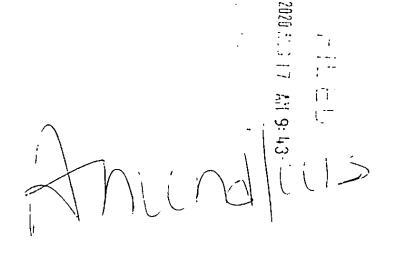
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TALLAS CA

COVER LETTER

TO:

TO: Registration Se Division of Cor			
	STING CARE LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NANCY TORRES		
		Name of Person	
	NEW TRUSTING CARE	LLC	
Firm/Company 16012 WHIPPOORWILL CIRCLE			
	WESTLAKE, FL 33470		
		City/State and Zip Code	.
	SERROT45@GMAIL.CO	M to be used for future annual report no	A.G. and and
For further information c	oncerning this matter, please c		uncation)
NANCY TORRES		770 912-3995	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he 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:		Street Address: Registration Section	
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 632	27	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW TRUSTING CARE LLC (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 ______ and assigned Florida document number L20000218789 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." 2393 SOUTH CONGRESS AVENUE Enter new principal offices address, if applicable: **SUITE 132** (Principal office address MUST BE A STREET ADDRESS) PALM SPRINGS, FL 33406 2393 SOUTH CONGRESS AVENUE Enter new mailing address, if applicable: SUITE 132 (Mailing address MAY BE A POST OFFICE BOX) PALM SPRINGS, FL 33406 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

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.

City

, Florida ַ

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 Address Type of Action Title Name _____ □Remove _____ Change □Remove □Add _____ Remove ______Change

_____ □Change

_	
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an effec (ote: Ti	e, if other than the date of filing:
record d is file	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
A Dated _	ST 12 2020
	Marion Arres
	Signature of a member or authorized representative of a member
	ing. and in a monitor of a monitor of a monitor

Filing Fee: \$25.00