## LZO 000 236793

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Carlo Rill

## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT: Preci	Sion Care .	Services LLC ited Liability Company	·		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Leanora	Grant Name of Person			
	Precision "	Care Services Firm/Company	UC		
	160 Break	Water St SE	-		
	Palm Bay	City/State and Zip Code	<u> </u>		
	Drecision care E-mail address:	228 @ gmail.com to be used for future annual report notific	cation)		
For further information co	oncerning this matter, please e	all:	Ä	2020 S	engerg.
Leanora E	nant Person	at $(\frac{321}{\text{Area Code}})$ $\frac{272-3}{\text{Daytime}}$	3837	020 SEP 21 AM SECHTER	
Enclosed is a check for the	ne following amount:		L	<u> </u>	<u>,                                    </u>
∠ \$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 Sta Certified Copy tadditional copy is c	atus &	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sect	ion		
Division of C	orporations	Division of Corp	orations		

P.O. Box 6327

Tallahassee, FL 32314

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

The Articles of Organization for this Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on August 5, 2020 and assigned Florida document number 2000 236 793.

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 "LLC."

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

## New Registered Agent's Signature, if changing Registered Agent:

agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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

Title	Name	Address	Type of Action
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ord specifies a delayed effective da filed.	te, but not an effective time, at 1	2:01 a.m. on the ea	rlier of: (b) The 90	th day after
19.16.20 Llanon	20			
Llanon G	Report  Crain  C	presentative of a mem	ber	
1 /	GRANT			