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COVER LETTER

TO: Registration So Division of Cor			.•		
	aste of Teena, LLC	•			
SUBJECT:	Name of Lim	ited 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:			
	Tina Worsley-Ancrun				
	****	Name of Person			
	A Simple Taste of Teena,	LLC			
	 	Firm/Company	<u> </u>		2021
	691 W 22nd street				12 NUL 1202
		Address	-	 . •	2 1
	Hialeah, Fl 33010			, 3	21 PM 3
	teenab1@bellsouth.net	City/State and Zip Code	·		PM 3: 04
	E-mail address. (to be used for future annual i	report notification)		
For further information c	oncerning this matter, please c	all:			
Tina Worsley-Ancrum			2-6464		
Name o	f Person	at () Area Code	Daytime Telephone N	Sumber	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is encl	Ce losed) Ce	0.00 Filing Fee, ertificate of Stat ertified Copy dational copy is end	us &
Mailing Addres		Street Ad			
Registration 9 Division of C			ation Section of Corporations		
P.O. Box 632			ntre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ny as it now appears on our re Jability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.20000241118	were filed on 08/10/2020		_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Feenas B Safe Haven Home Care LLC			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "	LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	same as old address		202
Principal office address MUST BE A STREET ADDRESS)		1	<u> </u>
Trincipal office dualess MOST DE A Griebe Friedrich			Z
			- !
Enter new mailing address, if applicable:	same as old address	(**)	
Mailing address MAY BE A POST OFFICE BOX)			Cr) Serve
many many many many	· · · · · · · · · · · · · · · · · · ·	17,	40
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	iddress on our records, <u>er</u>	iter the name (of the new registe
Name of New Registered Agent: New Registered Office Address:	Enter Florida street at	ldress	
Name of New Registered Agent:		tdress . Florida	
Name of New Registered Agent:			Zip Code

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>	<u>Address</u>	Type of Action
			□Remove
			
			□Add
			□Remove
			Change Change
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ecord specifies a delayed effective is filed.	date, but not an ef	fective time, a	it 12:01 a.m. or	the earlier of:	(b) The	90th da	y after the
7th June ted	202	21 					
		201	\supset				
Siaa h	Signature of a member	, -		· ·			_

Filing Fee: \$25.00