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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	CARE LLC		
SUBJECT:	Name of Lim	aited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Allison Negri		
		Name of Person	
	JFS Homecare LLC		
		Firm/Company	<del></del>
	9121 N. Military Trail, Sui	ite 205	
		Address	
	Palm Beach Gardens, FL 3	33410	
	·	City/State and Zip Code	
	allison@comforcare.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Allison Negri		631 566-2275	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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 Sec	etion
Registration Section Division of Corporations		Division of Corp	
P.O. Box 632	-	The Centre of T	•
Tallahassee, FL 32314		2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JFS Homecare 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 August 3, 2020 and assigned Florida document number L20000244442

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)

Palm Beach Gardens, FL 33410

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:

	City	, Florida
New Registered Office Address.	Enter Florida street aa	
New Registered Office Address:		
Name of New Registered Agent:		

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

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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
MGR	Ferd & Gladys Alary	5841 Corporate Way, Suite 200	🗆 Add
	Ferd & Gladys Alpert Jewish Family & Children's Service of Palm Beach County, Inc.	West Palm Beach, FL 33407	□Remove
	Series Coming, inc.		<b>■</b> Change
			□Add
			□Remove
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Note:	ive date, if other than the date of filing:  [ective 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 (3)(  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor	d 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 led.
Dated	December 15 2020.
	Signature of a member of authorized representative of a member
	Swott Greenberg Typed or printed name of signee

Filing Fee: \$25.00