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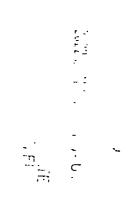
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
Gail's Gent	le Care Services, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Wendy Flagg		
		Name of Person	
	Gail's Gentle Care Service	, LLC	
		Firm/Company	
	4956 NW 80th Rd		
		Address	
	Gainesville FL,32653		
		City/State and Zip Code	
	ggcs1120@gmail.com E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	·	,
Wendy Flagg		850 590-2797	
Name o	f Person	at () Area Code Daytin	ne 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 Registration S Division of C	Section Corporations	Street Address: Registration So Division of Co	rporations
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gails Gentle Care Service, 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 10/06/2020 and assigned Florida document number L20000315453 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." 4956 NW 80th Rd Enter new principal offices address, if applicable: Gainesville Fl, 32653 (Principal office address MUST BE A STREET ADDRESS) 7901 4th North Suite 300 Enter new mailing address, if applicable: St. Petersburgh FL, 33702 (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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cuv

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.

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>	Address	Type of Action
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			□Remove
			□Change
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ective date, if other than n effective date is listed, the date te: If the date inserted in the nument's effective date on the	e must be specific and its block does not m	cannot be prior to d seet the applicable			ng.) Pursuant to 605,0207
and equalities a datament of	ective date, but not	an effective time.	at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
s filed.		2022			
is filed.	Signature of Sign		ed representative of a	n member	

Filing Fee: \$25.00