L20000334764

(Re	questor's Name)	
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Certified Copies	_ Certificate	s of Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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FILED 2020 DEC 28 PH 12: 35

2/4/21

COVER LETTER

TO: Registration Division of C			
SUBJECT: Pa	Howays Care Name of L.	seliog FL, L	<u> </u>
The enclosed Articles of	of Amendment and fee(s) are st	ibmitted for filing.	
	pondence concerning this matte		
	Brittan	Bennett Name of Person	
	Brittany	Bennett CPA Firm/Company	PA
	523 E I	-umsden Road Address	a
	Brandon	FL 33511 City/State and Zip Code	
	E-mail address:	to be used for future annual report notifi	tcpa-con
For further information of	concerning this matter, please c	all:	
Bri Han	Bennett	at (813) 452. Area Code Daytime	Telephone Number
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 (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed:
★ Mailing Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Secti Division of Corpo The Centre of Tal	orations
T 11 1 -		The Centre Of Tal	nanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF.

(A Florida Lim	mpany as it now appears on outed Liability Company)	r records.)
The Articles of Organization for this Limited Liability Comp	any were filed on 101	212020
Florida document number <u>L2000033476</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I		
The new name must be distinguishable and contain the words "Limited L	Center Fliability Company," the designati	on LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Α.
(Principal office address MUST BE A STREET ADDRESS)		2020
		2
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>ය</u> ආ
3. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	e address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida
	City	Zin Co.L.

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability spany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Change
			□Add
			□Remove
			Z□Change
			2020 DEC 28
			□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			 <u>⇔</u> ⊡Change
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			Change
			
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			□Add
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Remove Article III on	
which was. other provi	isions, it any:
which was: "Other provi Single Member Disrego	arded Entity"
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e date, if other than the date of filing:	(antional)
tive date is listed, the date must be specific and cannot be prior to date of filing	(optional) g or more than 90 days after filing.) Pursuant to 60:
the date inserted in this block does not meet the applicable statutory it's effective date on the Department of State's records.	tiling requirements, this date will not be list
specifies a delayed effective date, but not an effective time, at 12:01.	a.m. on the earlier of: (b) The 90th day afte
December 17 . 2020.	
December 17. 2020. Makeu Signature of a member or authorized represen	
Signature of a member or authorized consenses	totics of a member
	tarive of a member