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COVER LETTER

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Registration Section

TO:

Division of Cor	porations			
0.500	1 Cara Ibanas	. 110		
SUBJECT: WAR	d Care Homes	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:		
	Ashley Kitt			
	Ashley Kitt	Name of Person		
	August Cara	ih		
	Covered care	Homes, UC		
	914 Silver Rida	ge Way		
	<u> </u>	Address		
	1/1/00 C 2	2 <i>C4</i> 0		
	vario, PC 3	3594 City/State and Zip Code	<u> </u>	
	Michardson aci	Jay 88@ mail cod)	
	E-mail address: (nley 880 gmail. Con	ification)	
For further information c	oncerning this matter, please ca	ıll:		
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Hishley Ki	<u>:++</u>	at (80) Area Code Daytin	2/21	
_Name o	f Person	Area Code Daytin	ie Telephone Number	
Enclosed is a check for the	ne following amount:			
☑ \$25.00 Filing Fee	S30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
		(···································	(additional copy is enclosed)	
<u>Mailing Addres</u> Registration 1		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of		
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Covered Care Homes</u>	uc
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>し21000017みんろ</u> .	oany were filed on 115121 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	liability company here: Care Solutions, UC Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS	914 Silver Ridge Way
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code

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 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
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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			□ Change
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			□Remove
			□Change

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