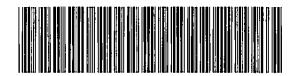
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Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
SUBJECT: 1	H Reliable -	In Home Car ited Liability Company	<u>e</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Andrea H	Name of Person	
	•	liable In Hom Firm/Company	ie Care
	840 Corne	U ST SE	
	Palm Bai	J Florida 3	2 <b>9</b> 09
	hiltona E-mail address: (	92@ yahoo. Con to be used for filture annual report not	) ification)
For further information co	oncerning this matter, please ca	all:	
Andrea	Hilton	at ( <u>786</u> ) <u>728 -</u> Area Code Daytin	0663 ne Telephone Number
Enclosed is a check for th	e 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	Section	Street Address: Registration So	
Division of C P.O. Box 632	•	Division of Co The Centre of	•
Tallahassee, F			pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Composition document number $\frac{L2100039881}{}$ .	any were filed on <u>"Zac</u>	wary 20, 2021 and assigned
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 I	liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address here:	ice address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		, Florida Zip Code
	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 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 = Ma	inager ithorized Member	Address 1 SEP -7 PM 9: 42	
<u>Title</u>	<u>Name</u>	Address 1 SEP -7 FM 9: 42	Type of Action
AMBR	Andrea Hilton	840 Cornell ST SE Palm 5 32909	Add Kydd
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