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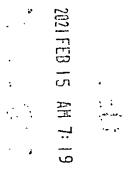
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Division of Cor	porations	f#	
CHD IV/T.	P&E HOME CARE	NURSING SERVICES, LLC	}
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	Č	Ü	
	Paula Will		•
		Name of Person	
		Firm/Company	
	11511 NW 14th Court		
		Address ( )	
	Pembroke Pines, Florida 3	3026	
	Elenagranderson@gmail.co	City/State and Zip Code	
	·	to be used for future annual report noti	fication)
For further information c	concerning this matter, please co	all:	
Elena Granderson		305 894-9366 Ex	tension 601
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 FEB 15 AH 7: 20

P&E HOME CARE NURSING SERVICES, 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 Co	1		
1.31.0000.12.000	mpany were filed on Januar	y 25th, 2021	and assigned
Florida document number <u>L21000046909</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
WILL & GRANDERSON HOME CARE NURSING SERV			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		· <u> </u>	
(Principal office address MUST BE A STREET ADDRI	ESS)		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, <u>enter the nam</u>	e of the new regis
Name of New Registered Agent:			
New Registered Office Address:		street address	
New Registered Office Address:	Enter Florida s		
New Registered Office Address:	Enter Florida s	, Florida	

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 = N		المراقع المراق المراقع المراقع المراق	
Title	Authorized Member <u>Name</u>	2021 FEB 15 AM 7: 19	Type of Action
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			□Remove
			Change
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			Change
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Filing Fee: \$25.00

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