12100007 1011

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phon	e #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(··· - /
(Document Number	<u></u>
(Document Number	,
Codified Conice Codificate	a of Status
Certified Copies Certificate	s or Status
<u> </u>	
Special Instructions to Filing Officer:	
	05/07/21
	-TM
	1/11

Office Use Only



700360478207

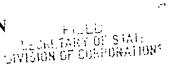
03/22/21--81020--013 **30.00

THE TARY OF STATE

COVER LETTER

Division of Corporations			•	
CHD IEZT.		SUPPOR LLC		
SUBJEÇT: _	······································	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return a	all correspon	dence concerning this matter	to the following:	
		CARLOS APONTE		
			Name of Person	
		APONTE PAEZ ACCO	UNTANTS LLC	
			Firm/Company	
		1395 BRICKELL AVEN	TUE STE 900	
			Address	
		MIAMI, FL 33131		
			City/State and Zip Code	
			EZACCOUNTANTS.COM	
		E-mail address: (to be used for future annual report not	ification)
For further inf	formation co	ncerning this matter, please co	all:	
CARLOS A	APONTE		305 794-6182 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	: following amount:		
≘ \$25.00 Fi	ling 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)
Reg Divi P.O.	ing Address istration So ision of Co . Box 6327 ahassee, F	ection orporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ADULT SUPPORT LLC

21 MAR 22 PM 3: 26

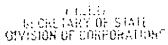
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 on our records, enter the name of the new registe agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Florida Zip Code	The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the Organization for Organization for the Org	any were filed on _	FEB 10, 2021	and assigned
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 "L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 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				
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 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	t ins amenament is submitted to afficild the following.			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 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	A. If amending name, enter the new name of the limited li	iability company	<u>here</u> :	
(Principal office address MUST BE A STREET ADDRESS) 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 on our records, enter the name of the new registe agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	The new name must be distinguishable and contain the words "Limited Li	iability Company," the	e designation "LLC" or	the abbreviation "L.L.C."
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 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	Enter new principal offices address, if applicable:		_	
(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 registe agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	(Principal office address MUST BE A STREET ADDRESS,	<u> </u>		
(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 registe agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address				
(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 registe agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address				
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registe agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	Enter new mailing address, if applicable:			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registe agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	(Mailing address MAY BE A POST OFFICE BOX)			
Name of New Registered Agent: New Registered Office Address: Enter Florida street address				
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	B. If amending the registered agent and/or registered offi-	ce address on our	records enter the	name of the new registers
New Registered Office Address: Enter Florida street address	agent and/or the new registered office address here:	ce address on our	records, enter me	name of the new registers
New Registered Office Address: Enter Florida street address				
Enter Florida street address	Name of New Registered Agent:			
	New Registered Office Address:			
, Florida		Enter F	lorida street address	
City Zip Code			, Florid	a
		City	.	Zip Code

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 21 HAR 22 PM 3: 26	Type of Action
MGR	ANAY C PEREZ	3520 NW 79TH STREET BLOQUE C315	
		MIAMI, FL 33147	■Remove
			□ Change
MBR	ANAY C PEREZ	3520 NW 79TH STREET BLOQUE C315	□Add
		MIAMI, FL 33147	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			🗆 Add
			🗆 Remove
			□ Change
			□Add
			□Remove
			□Change

famending any other information, enter change(s) here: (Attach ad	annonar sneets, ij nece De CRE PAR'i DIVISION OF C	r of State orporations
	21 MAR 22	PM 3: 26
	<u> </u>	
	- 1.	
		
	·	
		
an effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing tote: If the date inserted in this block does not meet the applicable statutory to ocument's effective date on the Department of State's records.	or more than 90 days after filing requirements, this	filing.) Pursuant to 605,0207 (
record specifies a delayed effective date, but not an effective time, at 12:01 a. is filed.	.m. on the earlier of: (b)	The 90th day after the
ated MARCH 15		
Signature of Acomber or authorized representa	itive of a member	
•		
ANAY C PELEZ Typed or printed name of signo	ee	