

LR1000101452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

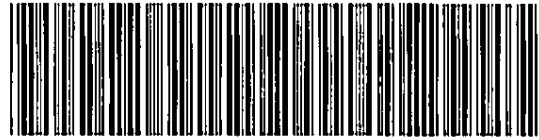
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Millennium Caregivers At Home LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Connie A. Settles  
Name of Person

Settles IT All Care LLC  
Firm Company

2022 Thrace St  
Address

Tampa FL 33605  
City/State and Zip Code

settles.itall@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connie A. Settles \_\_\_\_\_ at ( 813 ) 300 6135  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

Millennium Caregivers At Home 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 Company were filed on 3/2/21 and assigned Florida document number L21000101452.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SETTLES IT ALL CARE LLC

The new name must be distinguishable and contain the words "Limited 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)*

2022 Thrace St.  
Tampa FL 33605

**Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

2022 Thrace St  
Tampa FL 33605

**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:

Connie A. Settles

New Registered Office Address:

2022 Thrace St

Enter Florida street address

Tampa

City

Florida

33605

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.*

Connie Settles

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 = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lia C Harris	1909 Plantation Palm Dr	<input type="checkbox"/> Add
		Apt 204 Brandon FL 33511	<input checked="" type="checkbox"/> Remove <sup>ES</sup>
			<input type="checkbox"/> Change
		1806 Sterling Palm Ct	<input type="checkbox"/> Add
		#204 Brandon FL 33511	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Connie A Dennis	2022 Thrace St	<input type="checkbox"/> Add
		Tampa FL 33605	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Connie A Settles Settles	2022 Thrace St	<input checked="" type="checkbox"/> Add
		Tampa FL 33605	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

