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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	MAIL	
(Bu	usiness Entity Name	·)
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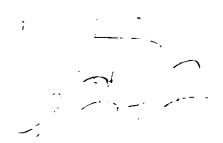
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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	porations			
SUBJECT: TRUE	RLUF HEART HOP	ME HEALTH CARE LLO	_	
Sobster. <u>France</u>	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	SUSAN	STEWART Name of Person		
		Name of Person		
			2021 SE	
		Firm/Company	三 岩	i
	4021 HAMMOCK	BLUFF CIRCLE Address	721	
	-	Address		, (° 5 5=
	JACKSONVILLE	FLORIDA 3222 City/State and Zip Code	2021 HAY 21 PA C. TO	ب ب
			TTI C	コ
	Sg_Stewartbb@	40400. Com. au to be used for future annual report noti	fication)	
For further information co	oncerning this matter, please ca	ail:		
SUSAN 5	TEWART	at (229) 314 9 Area Code Daytim	125	
Name of	f Person	Ar <del>e</del> a Code Daytim	e 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 Addres		Street Address:	ation	
Registration S Division of C		Registration Se Division of Cor		
P.O. Box 632	•	The Centre of T	-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRUE BLUE HEART HOME I  (Name of the Limited Liability Co	mpany as it now appears on our records.) ited Liability Company)	
(A Florida Limi	ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 03/03/2021	and assigned
Florida document number <u>L2100010 3977</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
TRUE BLUE HEARTS HOME HEALT The new name must be distinguishable and contain the words "Limited L	H CARE LLC	abbreviation *L.L.C."
The new name must be distinguishable and contain die words. Estimot 2	20011, Company, 210 2001, Branch 222 21 21	22
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	~
		P T
Enter new mailing address, if applicable:		10.02 S
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	1.1
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ice address on our records, enter the na	ime of the new registered
agent and of the new registered office address here.		
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 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:

or remo	ved from our records:		
MGR =	Manager		
AMBR =	= Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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cd 05/18/202/.  Juan Sewart  Signature of a member or as	·				
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