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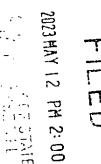
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Services and Veterans Caregivers Services, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Homewaker & Cambana Selvices.  Homewaker & Cambana Selvices.  Firm/Company  89109 Produces thai loop  Address  Rivervew, F. 1 33574  City/State and Zip Code  Claire Helle Mail. Com  E-mail address: for be used for future annual report notification)
For further information concerning this matter, please call:
Plane - Jane D. Janus at (994) 918 2733 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

CNIORS (INC. VOLERCY) S COMOS (Name of the Limited Liability Compar (A Florida Limited L	QUERS SCRUCCES (Yas it now appears on our records.) (ability Company)	, UC
The Articles of Organization for this Limited Liability Company Florida document number <u>LQLODOLO5.041</u> .	were filed on 03 04	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil  The new name must be distinguishable and contain the words "Limited Liabil	Nices. LLC	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)	8969 Indigo T Riverview, Fr	Rail 100/2 3357-8
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		<del>-                                      </del>
New Registered Office Address:	Enter Florida street address	PH 2: 00
	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 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	Type of Action
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			□Change
			□Add
			□Remove
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