LZI 000 117869

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	R	sceived 17-120
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Office Use Only S. C.
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 30, 2021

DEWAYNE D ALBERTIE 1332 WEST 15TH STREET APT 3 JACKSONVILLE, FL 32209

SUBJECT: CARE WITH PRIDE LLC

Ref. Number: L21000117869

We have received your document for CARE WITH PRIDE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 821A00014928

COVER LETTER

TO: Registration Se Division of Cor			
Care With			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dewayne D. Albertie Jr		
	Care With Pride LLC	Name of Person	
	<u> </u>	Firm/Company	
	1332 West 15th Street		
	Jacksonville, Fl 32209	Address	
	carewithpridello4@gmail.o		
	E-mail address: (to be used for future annual report notific	ation)
For further information of	concerning this matter, please co	all:	
Dewayne Albertie		904 3224169 at ()	F
Name o	of Person	Area Code Daytime	Clephone Number
Enclosed is a check for t	he following amount:		0
■ \$25.00 Filing Fcc	☐ \$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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Secti	on

Registration Section Division 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

Care With Pride LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company (L21000117869	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abl	oreviation "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 a agent and/or the new registered office address here:	ddress on our records, enter the name	e of the new regis
Name of New Registered Agent:		
		20
New Registered Office Address:	Enter Florida street address	> 11
	Florida	゠ヮ
	City	Tup Code
New Registered Agent's Signature, if changing Registered Agent:		- •
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and I am for covided for in Chapter 605, F.S. Or, i	amiliar with and if this document

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>	Address	Type of Action
AMBR	Dewayne D. Albertie JR	1332 West 15th Street #3	
			■Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			⊡Add
			□Remove
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ffective date, if other than the date an effective date is listed, the date must be splotte: If the date inserted in this block document's effective date on the Department.	ecific and cannotes not meet the	ot be prior to he applicab	date of filing	or more than 90	(optiona days after filin tents, this da	12.)42ursua	nt to 605,0 t be listeri	1207 i as
record specifies a delayed effective date Lis filed.	, but not an ef	Tective tim	e, at 12:01 a.	m, on the earl	ier of: (b)	The 90th c	lay after t	the
May 18	200	21	. •					
ated May 18 Soldane (11/11/1	/ 						

Filing Fee: \$25.00