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Certified Copies	Certificates of 3	Status
Special Instructions t	o Filing Officer:	
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S. ROLLRI.
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
oun mon		lential Care Consultant's "LLC"	,		
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.		
		ondence concerning this matter	•		
		Chim Natasha Jordan			
			Name of Person		
		Your Residential Care Con	sultant's "LLC"		
			Firm/Company		
		21051 S.W. 128th Court			
			Address		
		Miami, Florida 33177			
			City/State and Zip Code	·	
		SimplyJordans@gmail.com			<del> </del>
			o be used for future annual	report notific	ation)
For further in	iformation c	oncerning this matter, please ea	iff:		
Chim Natash	a Jordan		305 772 at ()	2-4157	
	Name o	f Person	Area Code	Daytime T	elephone Number
Enclosed is a	check for the	ne following amount:			
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Ac		
	gistration S vision of C	Section Corporations		ation Secti n of Corpo	
	D. Box 632			ntre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICÉES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Your Residential Consultants 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  $\frac{03/15/2021}{1}$ and assigned Florida document number \_\_L21000122983 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Your Residential Care Consultant's "LLC" The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L1.C" or the abbreviation "L1.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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			□Add
		<del></del>	□ Remove
		•	□ Change
			□Add
			□ Remove
			□ Change
<del></del>			□Add
			□ Remove
			□Add
			Remove
			□Change
			□Add
			□Remove

We have attempted twice to have the correct name listed Your Residential Care Consultant's "LLC"  "Hective date, if other than the date of filing:		sted Your Residential Care Consultant's "LLC"
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	CLS	

Filing Fee: \$25.00