## L21000157465

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(Cit	ty/State/Zip/Phone	<u>#</u> )
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	]
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## **COVER LETTER**

	ion Section of Corporations		
KAF	RE Support Services LLC		
SUBJECT:	Name of L	limited Liability Company	<del></del>
The enclosed Artic	les of Amendment and fee(s) are s	submitted for filing.	
Please return all co	rrespondence concerning this matt	ter to the following:	
	Keturah Roberts		
		Name of Person	·
	KARE Support Service	es LLC	
		Firm/Company	
	9346 Songbird Court		
		Address	
	Weeki Wachee, FL 346	13	
	karessllc@gmail.com	City/State and Zip Code	·
	E-mail address	s: (to be used for future annual report not	tification)
	tion concerning this matter, please		
Keturah Roberts		352 792-8561	
	Same of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing I	_	☐ \$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 A</u>	ddress:	Street Address:	
Registra	tion Section	Registration Se	
Division P.O. Bo	of Corporations	Division of Co The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KARE Support Services, LLC		
(Name of the Limited Liability Compar (A Florida Limited I.	iy as it now appears on our records lability Company)	₹)
The Articles of Organization for this Limited Liability Company (L21000157465).	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC"	or the abbreviation "L.IC."
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, <u>enter (</u>	the name of the new registered
Name of New Registered Agent:		· ·
New Registered Office Address:	Enter Florida street address	
	. Flo	neida
	City	Zip 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 company has been notified in writing of this change.	performance of my duties, an rovided for in Chapter 605, 1	nd I am familiar with and F.S. Or, if this document is

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>	Type of Action
MGR	Keturah Roberts	9346 Songbird Court, Weeki Wachee, FL 34613	
			<b>=</b> Add
			Remove
			□Change
<del></del>			🗆 Add
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			□Change
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ective date, if other than the effective date is listed, the date mus	date of filing:	be prior to date o	f filing or more tha	(option	ing.) Pursuant to 605.0
e: If the date inserted in this bloument's effective date on the De	ock does not meet the apartment of State's re	applicable statecords.	atory ming requ	irements, this d	ate will not be listed
cord specifies a delayed effective stilled.	e date, but not an effe	ctive time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day after
, inca.		•			
April 28	202	ı			
April 28		· .			
April 28		•	presentative of a m	ember	