L21000159477

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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2022 HAY 10 AM 6: 54

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COVER LETTER

| | Registration So Division of Co | | · | | | |
|---|-----------------------------------|---|---|--|--|--|
| SUBJEC | | T HOME SENIOR CARE LLC | | | | |
| SUBJEC | .1: | Name of Lim | ited Liability Company | | | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please ret | turn all correspo | ondence concerning this matter | to the following: | | | |
| | | Catherine Esposito | | | | |
| | | | Name of Person | | | |
| | | HAPPY AT HOME SENI | OR CARE LLC | | | |
| | | | Firm/Company | | | |
| | | 2931 NW 4th Place | | | | |
| Address | | | | | | |
| | | Cape Coral, FL 33993 | | | | |
| | | · | City/State and Zip Code | - | | |
| | | oshubal@embarqmail.com | | | | |
| г с л | | | to be used for future annual report | notification) | | |
| For furthe | er information c | concerning this matter, please c | aii: | | | |
| Catherine | Esposito | | 239 218-7786 at () | | | |
| | Name o | f Person | Area Code Day | time Telephone Number | | |
| Enclosed | is a check for the | he following amount: | | | | |
| ■ \$25. 0 | 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 | - | | |
| Registration Section Division of Corporations | | | —————————————————————————————————————— | Registration Section Division of Corporations | | |
| | P.O. Box 632 | • | The Centre of Tallahassee | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 MAY 10 AM 6: 54

If Changing Registered Agent, Signature of New Registered Agent

| HAPPY AT HOME S | SENIOR CARE LLC | |
|--|--|--|
| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our reco iability Company) | ords.) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000159477</u> . | were filed on April 6, 2021 | 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 | ity Company," the designation "L | LC" 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) | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | ddress on our records, <u>ent</u> | er the name of the new registered |
| New Registered Office Address: | Enter Florida street add | race |
| | | |
| | City | Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, provided for in Chapter 60. | and I am familiar with and 5, F.S. Or, if this document is |

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> | 2022 HAY 10 AT 6: 54 | Type of Action |
|--------------|--------------------|----------------|---------------------------------------|----------------|
| CEO | Catherine Esposito | | · · · · · · · · · · · · · · · · · · · | 🗆 Add |
| | | 2931 NW 4th I | Place Cape Coral, FL 33993 | ■Remove |
| | | | | □Change |
| AMBR | Catherine Esposito | 2931 NW 4th I | Place Cape Coral, FL 33993 | |
| | | - | | □Remove |
| | | | | □Change |
| | | | | □Add |
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| Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3): Note: If the date inserted in his block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed. Dated Signature of a member or authorized representative of a member | | 2022 HAT TO AH 6: 54 |
|---|-----------------------------|---|
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| Signature of a member or authorized representative of a member | Dated | |
| Signature of a member or authorized representative of a member | | |
| Catherine Esposito | | |

Typed or printed name of signee