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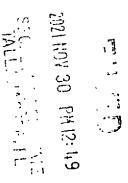


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### **COVER LETTER**

Division of Corporations
SUBJECT: Mildred Lane Home Care 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:
Jamia M. Gilmone Name of Person
Mildred Lane Home Care Services LLC.
1401 Robert King High Dr.
Lakeland, FL, 33805 City/State and Zip Code
M. Idred family Dyahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jamia Gilmore at (8103) 409-7148 S  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Mildred Lane Home Care Services LLC.

(A Florida Limited 1	ability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000198433</u> .	were filed on <u>April 29, 202</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
N/A The new name must be distinguishable and contain the words "Limited Liabil		
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(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 of New Registered Agent:	µ/A	2021 HOV
New Registered Office Address:	N A Enter Florida street address	30
		PH I
	Plorid.	

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.

City

N/A
If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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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