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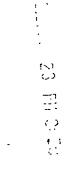
(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	 e #)
	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		9/3/21





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08/23/21--01025--012 **30.00



COVER LETTER

TO: Registration Ser Division of Cor			
	ME CARE SERVICES LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	KAREN MATHIS		
		Name of Person	
		Firm/Company	
	3480 SW 142ND AVE		-
	MIRAMAR FL 33027	Address	
		City/State and Zip Code	
	KARENMATHIS11@GMA		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)
KAREN MATHIS		305 7785823	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	rporations
P.O. Box 633 Tallahassee,		The Centre of 2415 N. Monro	tallanassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION -OF

J H B L Home (Name of the Limit	ed Liability Compar (A Florida Limited L	wices, LLC ny as it now appears on ou lability Company)	r records.)	
The Articles of Organization for this Limited Li Florida document number <u>L2[00</u> 2]79		were filed on <u>5/10</u>	12021	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liabi	lity company here:		
The new name must be distinguishable and contain the week that the manner of the manne	able:	ity Company," the designati	on "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			
B. If amending the registered agent and/or ragent and/or the new registered office address		ddress on our records	s, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	Karen 1	Yxthis		
New Registered Office Address:	<u>3480 5</u>	W 14200 AVE Enter Florida stre	et address	
	miram	City	, Florida _	33027 Zip Code

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.

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
MGR	Karen Mathis	3480 SW 147nd Ave	Add
		miramar, Fl. 33027	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
		□Add	
			Remove
			□ Change
		□Add	
			□Remove
			🗆 Change
			□Add
			□Remove
			□ Change

). If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
the recor	d 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 led.
Dated	August 186 . 2021.
	Signature of a member or authorized representative of a member
	Jasinta Somers Typed or printed name of signee

Filing Fee: \$25.00