KZI CCC 262094

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiliess Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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TO: Registration Se Division of Cor		• 0			
SUBJECT: An	Abundance	eted Liability Company	e LLC		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspo	ondence concerning this matter t	o the following:			
	Brianno An Abur	Name of Person Name of Person Pinn/Company	Care LLC		
2000 New Bedford DI					
	Winter S	Drings F 3	32708		
	anghundan E-mail address: (le	CE OF CATE QGN be used for future annual report not	na.L. Com		
For further information c	oncerning this matter, please ca	II:			
Brianna. Name o	Saint louis Person	at (321) 314 Daytin	7630 ne Telephone Number		
Enclosed is a check for the	ne 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)		

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

An Houndinge (Name of the Limited Liability Compa	any as it now appears on our reliability Company)	Cecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L_21005262.099</u> .	were filed on $\sqrt{\rho}$	2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" 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 agent and/or the new registered office address here:	address on our records, g	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	ndduses.
	Enter Florida street	
	City	Florida 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.

	Authorized Person(s) authorized to man rom our records:	page, enter the title, name, and address of each	person being added
MGR = Ma AMBR = Au	anager athorized Member	; , - -	
<u>Title</u>	Name	Address 221 JUN 23 AH 7: 48	Type of Action
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ffective date, if other than the date of filing: 47 an effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the application occurrent's effective date on the Department of State's records.	2021 (optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0207 able statutory filing requirements, this date will not be listed as a
record specifies a delayed effective date, but not an effective till is filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated 6/21/2021	orized representative of a member
$Q \sim 0.00$	
Dricing Sa Typed or printe	ed name of signee