To: 18506176383

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Fax: 8134365206

Division of Corporations



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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone Fax Number

: (307)200-2803 : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:				
	nuux caa.				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOUSE CALL FLA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

House Call FLA, LLC				
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) ability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L21000379285	were filed on 08/24/21 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabl	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "Ll.C" 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)				
	TT i			
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered			
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:	CA			
	Enter Florida street address			
	, Florida			
	Cay 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 p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is			

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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
AMBR	Walker, Amanda	7901 4th St N STE 300	
		St. Petersburg, FL 33702	
			Change
AMBR	Watts, Adam	7901 4th St N STE 300	
	-	St. Petersburg, FL 33702	□Remove
			☐ Change
		 	□Remove
			□Remove
			☐ Change
			□Add
,			🖰 Remove
+ .			Change
			□ Remove
			□ Change

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D. If amending any other infor	mation, enter change(s) he	re: (Attach additional si	icets, if necessary.)	
		· · · · · · · · · · · · · · · · · · ·		
				
				
				
		<u></u>		
		· · · · · · · · · · · · · · · · · · ·		<u>-</u>
		·	_	
				
				
				
				
E. Effective date, if other than t (If an effective date is listed, the date is <u>Note:</u> If the date inserted in this document's effective date on the	block does not meet the appli	cable statutory tiling requi	(optional) n 90 days after filing.) Pursuant to rements, this date will not be	605.0207 (3)(l listed as the
the record specifies a delayed effect cord is filed.	tive date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
Dated June 11	, 2024			
	いたすた Signature of a member or aut			
	Signature of a member or aut	horized representative of a mo	mber	-
Robin Jones				
	Typed or prin	ited name of signee		-