## 121000395523

(Requestor's Name)	
(Address)	7003740
(Address)	1003740
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	09/30/2101009
(Document Number)	
Certified Copies Certificates of Status	
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## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations			
SUBJECT:	Comfortal Name of Lin	oly at Hon nited Liability Company	ie, LLC	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Debo	Name of Person	hes	
	Comfo	rtably at 1-	tone, LC	
	5530	Hereford De	<u></u>	
				-
	debbi E-mail address:	ehughes 91 to be used for future annual	hey, FL 34655 @gmail. com	
For further information of	concerning this matter, please c	all:		
Debura L. H.	- ug he s	at ( <u>727</u> )	456 5481 Daytime Telephone Number	<del></del>
Enclosed is a check for t	he following amount:			
✓ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enc	Certificate o	f Status & py
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations	Division The Cer 2415 N.	Idress: Ition Section In of Corporations Intre of Tallahassee Monroe Street, Suite 810 Issee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF mails.

	- 951 25 . 30	Aii 7: 43
Comfatably at	Home,	LLC
(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appear: liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company		
Florida document number L 2   D00395523	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company he	re: N(A
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the de	signation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		NA
Enter new mailing address, if applicable:	<del></del>	
(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 re	cords, enter the name of the new registered
Name of New Registered Agent:		N/A
New Registered Office Address:		, ( <b>k</b> ,
	Enter Florid	la street address
		. Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of n rovided for in Cl	ny duties, and I am familiar with and napter 605, F.S. Or, if this document is
		N/A

If 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 30 AB 7: 43	Type of Action
M6R	Debora C. Hughes	Address FILSE 30 AH 7:43 5530 Hevelord Dr.	<b>X</b> ;Add
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ective	the date is listed,	the date must be s	specific and car does not mee	anot be prior to d t the applicable	ate of filing or more than 9 statutory filing require	0 days after f	iling.) F	'ursuant ill not b	to 605,0) e listed
n errecu <u>ite:</u> If i				20	at 12-01 mm and	rliar of: (b)	The <sup>c</sup>	90th day	y after ti
n errecu <u>ite:</u> If i cument	pecifies a delay	red effective dat	e, but not an	effective time,	at 12:01 a.m. on the ea	riici oi. (b)			
te: If the cument the cord second sec		red effective dat	e, but not an	202	at 12:01 a.m. on the ea	THE OI. (b)			