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COVER LETTER

Division of Corp	porations		
SUBJECT: ENNO	BLE HOME CARE	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jason Kora	· · · · · · · · · · · · · · · · · · ·	
	<u>Jason Kora</u> <u>Ennoble</u> Hom	Name of Person	
	Ennoble Hom	e (are, LLC	
		Firm/Company	
	3411 Gray W	hetstone Street	
		Address	
	Brandon, FL 3	33511	
	1/	City/State and Zip Code	
	Korahhra E-mail address: (1	City/State and Zip Code O g mgil. Com to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca		
1. 1.7			
Jason Ko	Person	at (<u>\$13</u>) <u>385 -</u> Area Code Daytime	173 8 Telephone Number
(Valle Of	Telson	Area code Daytine	receptione wartier
Enclosed is a check for th	e following amount:		
	<u>-</u>	□ \$55.00 Elling Dog R.	\$60.00 Filing Fee.
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

ELLANDIE HAME / NOE 11/

(Name of the Limit	(A Florida Limited	any as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited L		y were filed on 9/17/2021	and assigned
Florida document number <u>L 2100041274</u>	· <u>8</u>		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lial	pility company here:	
ENORIE HOME CARE	\ (
ENOBLE HOME CARE, L	vords "Limited Liab	ility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		NIA	
Mailing address MAY BE A POST OFFICE	BOX)		
D. If amonding the peristance agent and/one	ragistared office	address on our reserves enter the per-	no of the new registers
B. If amending the registered agent and/or in agent and/or the new registered office addre	_	address on our records, enter the nar	ne of the new registere
Name of New Registered Agent:	NIA		
New Registered Office Address:	NIA		
	, - , .	Enter Florida street address	
		, Florida	
		City	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.

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
			□Add
			⊡Remove
			□Change
			□ Add
			□Remove
			☐ Change
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			□Change

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Effective date, if other than the date of filing: (optional) (If an effective date, is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record 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 ord is filed. Dated September 2 4 th 2021 The specifies a delayed after the ord is filed.		
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Dated <u>September 24th</u> . <u>2021</u> .		
Dated September 24th 2021 Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	134	Santamber 2 4th 2021
Signature of a member or authorized representative of a member	Date	$\frac{1}{2} = \frac{1}{2} = \frac{1}$
Signature of a member or authorized representative of a member		Chin kini
		Signature of a member or authorized representative of a member
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