L21000421804

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COVER LETTER

TO:	Registration Se Division of Cor			
cun ira		R HOME CARE SERVICES.	LI.C	
SUBJEC	JI:	Name of Limi	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		MARISESY RODRIGUEZ	Z FUENTES	
			Name of Person	
		MARYMAR HOME CAR	E SERVICES, LLC	
			Firm/Company	
		3401 SW 149 AVE		
			Address	
		MIAMI, FLORIDA 33185	;	
			City/State and Zip Code	
		marisesy91@gmail.com		G. William
For furth	her information o	E-mail address: (concerning this matter, please co	to be used for future annual repo all:	n nonneation)
Marises	sy Rodriguez Fuc	entes	305 465-18	320
	Name o	of Person	Area Code [Daytime Telephone Number
Enclose	d is a check for t	he following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		<u>Street Addr</u> Registratio	
	Division of (of Corporations
	P.O. Box 633	27	=	e of Tallahassee
	Tallahassee,	FL 32314	2415 N. M	Ionroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

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MARYMAR HOME CARE SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.) TALL AHASSEE, FL
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabil Florida document number L21000421804	lity Company were filed on	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	2:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or registagent and/or the new registered office address he		, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
_		, Florida
	Ciţv	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
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