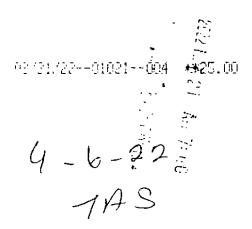


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(ке	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only





COVER LETTER

TO: Registration So Division of Cor		•		
A L (1) L D (2) (2)	AgencyofCare Staffing LLC			
SUBJECT:	Name of Lim			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	-		
	Akima Taylor			
		Name of Person		
	Ageny of Quality Care LL	С		
		Firm/Company		
	300 SE 2 street Suite 600			
		Address		
	Fort Lauderdale, Fl 33301			
		City/State and Zip Code		
	info@agencyofqualitycare.d	com to be used for future annual report notifi	ication)	
For further information c	oncerning this matter, please c			
Akima Taylor		954 9974001 at ()		
Name o	f Person		Telephone Number	
Enclosed is a check for the	he 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 Addres Registration 9		<u>Street Address:</u> Registration Sec	tion	
Division of C		Division of Corp		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

AgencyofCare Staffing LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/07/2021	and assigned
lorida document number L21000439614		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
agency of Quality Care LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	300 SE 2 street	
Principal office address MUST BE A STREET ADDRESS)	Suite 600	
	Fort Lauderdale, Fl 33301	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	·	
If amending the registered agent and/or registered office a	address on our records, enter the n	_
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
•	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 Changing Registered Agent, Signature of New Registered Agent

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	e date, if other than the date of filing:	(optional)
t an effec <u>Note:</u> T	filve date is fisted, the date must be specific and cannot be prior to fithe date inserted in this block does not meet the applicat	o date of filing or more than 90 days after filing.) Pursuant to 605.0207 ble statutory filing requirements, this date will not be listed as
locume	nt's effective date on the Department of State's records.	
record d is file		ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	•	
Dated _	3 17 2022.	

Typed or printed name of signee