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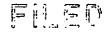
Tallahassee, FL 32314

	Registration Se Division of Cor		•	
SUBJEC'		OF LOVE HOME CARE LLC		
SUBJEC	1.	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		MARKEYSIA DURDEN		
			Name of Person	
		ECHOES OF LOVE HOM	IE CARE LLC	
			Firm/Company	
		440 GALHOUSE STREE	r sw	
			Address	· · · · · · · · · · · · · · · · · · ·
		PALM BAY FL 32908		
			City/State and Zip Code	
		ECHOESOFLOVELLC@C	MAIL.COM	
		E-mail address: (to be used for future annual repo	ort notification)
For furthe	r information c	oncerning this matter, please e	all:	
MARKE	YSIA DURDEN	١	772 40493	24
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed	is a check for th	ne following amount:		
\$.\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
_	Mailing Addres		Street Addr	
Registration Section Division of Corporations			Registration of Division of	on Section f Corporations
	P.O. Box 632	•		e of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 DEC -7 AM 9: 01

ECHOES OF LOVE HOME CARE LLC

(Name of the Limited Liability Company as it now appears on our records Y. Crit. IARY OF STATE (A Florida Limited Liability Company) TALLAMASSEE, FI

The Articles of Organization for this Limited Liability	Company were filed on	10/21/2021	and assigned
Florida document number L21000459532			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company	here:	
The new name must be distinguishable and contain the words "L	initia I I inhility Commany Web	and decimation of LOT as th	a abbreviation of L.C."
	named Elaomiy Company, in	ie designation (EEC of the	c appreviation (L.L.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI			
			*,:
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:		r records, <u>enter the n</u>	ame of the new registered
New Registered Office Address:	-	Florida street address	· · · · · · · · · · · · · · · · · · ·
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Register			1147 Com
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	nt and agree to act in the complete performance agent as provided for in tred office address, I he	of my duties, and I at n Chapter 605, F.S. C	m familiar with and Or, if this document is

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>	<u>Address</u>	Type of Action
MGR	MARKEYSIA DURDEN	440 GALHOUSE STREET SW PALM BAY FL	≣ ∧dd
		32908	□Remove
			□Change
			□Add
		··	□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
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			□Remove
			□ Change

		Attach additional sheets, if necessary.)	
		· · · · · · · · · · · · · · · · · · ·	
	·		
			
	 		
			
Note: If the date inserted in t	the date of filing: e must be specific and cannot be prior to da his block does not meet the applicable he Department of State's records.	(optional) te of filing or more than 90 days after filing.) Pursuant to statutory filing requirements, this date will not be	o 605.0207 : listed as
e record specifies a delayed ef rd is filed.	ective date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day	after the
Dated	2021		
Mariker	Signature of a member or authorized	I representative of a member	_
Ý	Signature of a member of auditorized	representative of a member	

Filing Fee: \$25.00