(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone #	#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Name	-
(Doct	ument Number)	<u></u>
Certified Copies	Certificates o	of Status
Special Instructions to F	lling Officer:	
	. <u> </u>	

Office Use Only



800374986178

11/03/21--01002--012 **25.00

RECEIVED

NOV 0 3 2021 I ALBRITTON

CORPORATE ACCESS, ___

CORPORATE When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY	Y
XX	РНОТОСОРУ	·
AA		
	CUS	
XX	FILING	LLC AMEND
		CARE SERVICES, LLC
((CORPORATE NAME AND D	OCUMENT #)
((CORPORATE NAME AND D	OCUMENT #)
- (0	CORPORATE NAME AND D	OCUMENT #1
,,		
((CORPORATE NAME AND D	OCUMENT #)
((CORPORATE NAME AND D	OCUMENT #)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	MCOURE SLYNUS LL ny as it now appears on our records.) .iability (ompany)	<u>C.</u>
The Articles of Organization for this Limited Liability Company Florida document number 1000449.43	were filed on NOV Imber 1 30	<u>U</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:	1177 Hypolus Road	
(Principal office address MUST BE A STREET ADDRESS)	larrana H 33462	
	Suite 105	<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ا نور این
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		he name of the new
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

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
·			
			□ Remove
			Change
			□ Remove
			Change
		☐ Remove	
			☐ Change
			□ Change
		No. 11.00 - 11	
		□ Remove	
			☐ Change
			Add
			□ Remove
			Character (Character)

, nam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
•	
-	
-	
-	
-	
-	
(If an eff Note:	ive date, if other than the date of filing: Out word 2 20 21 (optional) ective 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 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the red) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	November 2 - 2024 Della Stew Shell
	Signature of a member of authorized representative of a member Willa Ally And I Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00