LZI 000 502 205

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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Y. SCOTT DEC 16 2021

COVER LETTER

TO: Registration Division of C		,	
	A MATTHEWS LLC		
SUBJECT:	Name of Lim	nited Liability Company	
	of Amendment and fec(s) are sub		
	CECELIA MATTHEWS		
		Name of Person	
	HOME CARE ABUELOS	SLLC	
		Firm/Company	20
	5985 HAMMOCK ISLES	CIRCLE	21 DE
		Address	0
	NAPLES, FL 34119		PH IT
		City/State and Zip Code	S S D
	CECYM54@GMAIL.COM	(to be used for future annual report n	otification)
Eas Gushar informatio	n concerning this matter, please o		······································
CECILIA MATTHE		239 304-0699	
Nan	e of Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for	or the 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)
P.O. Box 6	n Section f Corporations	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	orporations f Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

it now appears on our records.) by Company)
filed on 11/23/21 and assigned
company here:
mpany," the designation "LLC" or the abbreviation "L.L.C.
20 2
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ES 2:
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ess on our records, <u>enter the name of the new re</u>
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>	Name	Address	Type of Action
		 	□Add
			□Remove
			□Change
			□Add
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fective date, if other than the date of filing:		660		_ (optional) . \ D	606 000
an effective date is listed, the date must be specific and cannot ote: If the date inserted in this block does not meet the	applicable:	statutory fili	nore than 90 o	ents, this date	will no	t be listed a
ocument's effective date on the Department of State's r	records.					
record specifies a delayed effective date, but not an effe	ective time	at 12·01 a.m.	on the earli	erof:(h) T	he 90th	dav after the
is filed.	ouro mila, i		J., 11.5 Jul. 1.	a. o., (o,		,
DECEMBER 3 2021						
ated,	··					
Signature of a member						/
J (reillerillhaue						