121000531771

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(Address)
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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section
Division of Corporations

over COMPASS	SIONATE HEALTH OF DAVI	ENPORT LI C			
SUBJECT: COMPAGE		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jhenelle Lawson Riley	Name of Person			
		Name of Ferson			
	COMPASSIONATE HEA	LTH OF DAVENPORT LLC			
		Firm/Company			
	9350 US HWY 192, SUIT	E 104			
		Address	-		
	CLERMONT FLORIDA	34717			
		City/State and Zip Code			
	CHCA9350@GMAIL.COM				
	E-mail address: (to be used for future annual report not	ification)		
For further information e	oncerning this matter, please c	all:			
Jhenelle Lawson Riley		at (954)			
Name of Person			ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	S30.00 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 Address Registration		<u>Street Address:</u> Registration Se	ection		
Registration Section Division of Corporations		-	Division of Corporations		
P.O. Box 632	27	The Centre of 7	Γallahassee		
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

COMPASSIONATE HEALTH OF DAVENPORT LLC

2022 MAY 23 AM 10: 26

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

SECRETARY OF STATE TALLAHASSEE, FL

B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter t</u>	he name of the new registered
agent and/or the new registered office address here:	e address on our records, <u>enter t</u> i	he name of the new registered
	address on our records, <u>enter t</u>	he name of the new registered
intuining dadress MIT BE 11 T GST OF TICE BOXY		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC"	or the abbreviation "L.L.C."
COMPASSIONATE HEALTH OF CLERMONT LLC		
A. If amending name, enter the new name of the limited lia	bility company here:	
This amendment is submitted to amend the following:		
Florida document number L21000531771		
. 121000531771		

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
MMGR	FREDO JEAN FRANCOIS	9350 US HWY 192, SUITE 104	■ Add
		CLERMONT, FLORIDA 34714	□Remove
			□Change
			□ Add
			□Remove
			Change
			□ Add
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n effective date is listed, ote: If the date inserte						
cument's effective da				mg requirements, ii	ns date with not be ne	ica as
ecord specifies a delay	yed effective date, l	out not an effective	time, at 12:01 a.m	n. on the earlier of: ((b) The 90th day aft	er the
is filed.						
, MAY 10		2022				
ited			·			
	Signatu	re of a member or aut	norized representati	ve of a member		
Ibanalla Lau	son Riley					