## L21000 534751

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200404582402

00.20.23 0131 921 ••21.01



## **COVER LETTER**

TO:

TO: Registration So Division of Cor					
	ED PRIVATE CARE, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Steven J McGary				
		Name of Person	<del></del>		
	PREFERRED PRIVATE O	CARE, LLC			
		Firm/Company	·		
	9271 SW Sinoper Lane				
		Address			
	Port St Lucie, FL 34987				
	<del></del>	City/State and Zip Code			
	stevemcgary@gmail.com				
	E-mail address: (	to be used for future annual report notifica	otion)		
For further information of	concerning this matter, please c	alt:			
Steven McGary		772 528-2963			
Name o	of Person		elephone Number		
Enclosed is a check for t	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 Addre		Street Address:	0.0		
Registration Section Division of Corporations		Registration Secti Division of Corpo			
P.O. Box 632	27	The Centre of Tallahassee			
Tallahassee.	FL 32314	2415 N. Monroe S	Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREFERRED PRIVATE CARE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/20/2021 and assigned Florida document number 1.21000534251 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

## 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.

City

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
AMBR	Brian D McGary	15960 West Wind Circle	<b>∃</b> Add
		Sunrise, FL 33326	□Remove
			[]Change
			□Add
			□Remove
			☐Change
		<del> </del>	•
		<del> </del>	□Ręmove
			T
<del></del>		<del> </del>	□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□ C'h

<del>-</del>			<u>.</u>		<del></del> _	<u>.</u>
	<del></del>	<del></del>				
				·-·		
				-	<u></u> :	<del></del>
		<del></del>			( ^	1,
<del> </del>	<del></del>			<u> </u>	=======================================	<del></del>
	<u></u>				ν,	
						· ·
					11	<del>.</del>
						<u></u>
-						
			<u>-</u>			
Tective date, if other than the an effective date is listed, the date muster. If the date inserted in this becument's effective date on the Γ	st be specific and can lock does not meet	not be prior to o the applicabl	late of filing or n	ore than 90 days af	tional) ter filing.) Pursu his date will n	iant to 605.02 of be listed
ecord specifies a delayed effective stilled.	e date, but not an e	effective time	, at 12:01 a.m.	on the earlier of:	(b) The 90th	day after th
ted March 13		023				
	/21	_				
_de	Signature of a memi					

. . . .

Filing Fee: \$25.00