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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

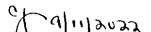
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2022 JUN 21 - I.N 9: 22



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
01/2 (•	·	•
SUBJECT:		nited Liability Company	
		, , ,	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	~	
r lease retuin an correspo	sidence concerning this matter	to the following:	
		Name of Person	
		Name of Person	
			· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
		Address	
		Chi(Chan 12 C 1	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
	, , , , , , , , , , , , , , , , , , ,	•••	
 -		at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
包 \$25.00 Filing Fee	□ \$30.00 Filing Fee &		□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	
Registration S		Registration Se	
Division of C	-	Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Caring Durses 1	ability Compai	teath LLC ny as it now appears on our records.) Liability Company)	2022.// 21 AM 9: 2
The Articles of Organization for this Limited Liabili		were filed on <u>3/18/20</u> 3	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	<u>limited liab</u> i	ility company here:	
The new name must be distinguishable and contain the words	'l imited Liabil	ity Company" the designation "LIC" or I	he abbreviation "L.1.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	:	100 E LINHON Blue STE 400 B Defray Beach, F	d
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		nddress on our records. enter the i	name of the new registered
Name of New Registered Agent: New Registered Office Address:	100 E		TE 400B
7	Deluan	Enter Florida street address Rogery Florida City	a <u>33-183</u> 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.

2

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
mar	Susan Ricca	100 E LINTON Blud STE	UWB —□Add
		Delray Bourn F13348	53_□Remove
mGR	Murgan Beconca	100 ELMOR Blug	□ Add
		STE LICOB	□Remove
		Delray Bruch, F1334	83 Schange
			🗀 Add
			□Remove
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lote:	ve date, if other than the date of filing:
record Lis fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated .	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member COSON RICOS Typed or printed name of signee

Filing Fee: \$25.00