

L22000 139019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

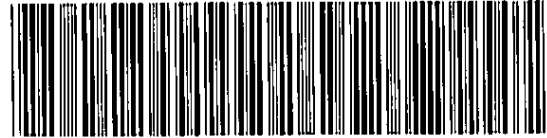
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 NOV 28 PM 3:11
FALL ARIZONA

2022 NOV 28 PM 3:11

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11/22/22 - E1000 - 033 - \$25.00

LLC

N/C
Amend.

2022 NOV 28 PM 2:44

FILED

NOV 28 2022

D COUNCIL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Dignity Kare LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Garry L. Deuson Sr
Name of Person

Firm/Company

2050 Emerson Street
Address

Jacksonville Florida 32207
City/State and Zip Code

Dignity Kare, LLC Im4change inc
E-mail address: (to be used for future annual report notification)
gma.1.com

For further information concerning this matter, please call:

Garry Deuson Sr.
Name of Person

at (904) 917 6855
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Dignity Kare 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 3/21/22 and assigned
Florida document number L22000139019

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Construction And Maintenance Doctors LLC

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

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>	<u>Address</u>	<u>Type of Action</u>
<u>Pres</u>	<u>Garry Denson Sr.</u>	<u>966 Corsica Lane</u>	<input checked="" type="checkbox"/> Add
		<u>Jax FL 32218</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Pres</u>	<u>Wayne Greenfield</u>	<u>966 Corsica Lane</u>	<input checked="" type="checkbox"/> Add
		<u>Jax FL 32218</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>VP</u>	<u>Kimberly Denson</u>	<u>966 Corsica Lane</u>	<input type="checkbox"/> Add
		<u>Jax FL 32218</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Tres</u>	<u>Garry Denson Jr.</u>	<u>966 Corsica Lane</u>	<input type="checkbox"/> Add
		<u>Jax FL 32218</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Sec</u>	<u>Garren Denson</u>	<u>966 Corsica Lane</u>	<input type="checkbox"/> Add
		<u>Jax FL 32218</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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)(b)

If the record 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 record is filed.

11/28, 2022

Harry Dawson Sr.
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Garry Benson Sr.
Typed or printed name of signer

Typed or printed name of signer