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2022 MAY 13 AM II: 5

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	ome Care L.L.C				
SUBJECT.	Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.			
	ondence concerning this matter to				
	Helen Hall				
		Name of Person			
	Mia Su's L.L.C				
		Firm/Company			
	1409 N 48th Ave				
		Address			
	Pensacola, Florida, 32506				
	<u></u>	City/State and Zip Code			
	helena8@protonmail.com				
	E-mail address: (to	be used for future annual report noti	fication)		
For further information c	oncerning this matter, please cal	11:			
Helen Hall		at () 861-3519 Area Code Daytim			
Name of Person		Area Code Daytim	e Telephone Number		
Enclosed is a check for the	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 Address		Street Address: Registration Sec	etion		
Registration : Division of C		Division of Cor			
P.O. Box 632		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

HELENA'S HOME CARE L.L.C.

2022 MAY 13 AM 11:57

(Name of the Limit	ed Liability Company as it now appears on our records. (A Florida Limited Liability Company)	SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited L	ability Company were filed on April 18,2022	and assigned
Florida document number L22000184486	·	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
Mia Su'S L.L.C		
The new name must be distinguishable and contain the	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able: N/A	<u> </u>
Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
		·
B. If amending the registered agent and/or r agent and/or the new registered office addres	egistered office address on our records, <u>enter t</u> s <u>s here</u> :	he name of the new registered
Name of New Registered Agent:	N/A	
New Registered Office Address:	0 0 1	
	Enter Florida street address	
	, Flo	rida Zip Code
	City	гар с оис

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			☐ Change
			□ Remove
			Change
			□Remove
			□ Change
			□Remove
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Effective date, if other than t	ne date of filing:	May 01,2022		(option	al)	
It an effective date is listed, the date n Note: If the date inserted in this document's effective date on the	ust be specific and ca block does not mee	nnot be prior to out the applicable	date of filing or more e statutory filing re	than 90 days after fi	ling.) Pursuant to 60)5,0207 (3 sted as th
e record specifies a delayed effec rd is filed.	tive date, but not an	effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day aft	er the
Dated May 10		2022				

Typed or printed name of signee