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COVER LETTER

Registration Section Division of Corporations

TO:

Elderly An	gels Senior Errand Service LL0	·		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Kelsey			
		Name of Person		
	ZenBusiness Inc			
		Firm/Company		
	5511 Parkerest Dr., STE 1	03		
		Address		
	Austin, TX 78731			
		City/State and Zip Code		2
	fulfillment@zenbusiness.cc		₩ C	022
	E-mail address: (to be used for future annual report notification)		AUG
For further information c	oncerning this matter, please co	all;	ANA ANA	2022 AUG 29
Kelsey c/o ZenBusiness	Inc	844 493-6249 at ()	LLAHASSEE	PH
Name o	f Person	Area Code Daytime Telephone ?	Sumber 7	<u></u>
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce	0.00 Filing Fee ertificate of Startified Copy Iditional copy is e	atus &
Mailing Address Registration 5	Section	Street Address: Registration Section		
Division of C P.O. Box 632	•	Division of Corporations The Centre of Tallahassee		
Tallahassee, I		2415 N. Monroe Street, St		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elderly Angels Senior Errand Service LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on ou liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Torida document number 1.22000198230	were filed on 04/26/202	22 and assign
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designati	on "LLC" or the abbreviation "L.L.C.
Inter new principal offices address, if applicable:	1052 Kentucky Avenue Clewiston, FL 33440	
Principal office address MUST BE A STREET ADDRESS)		ZUZZ /UG SECRET
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		784 147 147
		OF STATE
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records	s, enter the name of the new re
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et 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>	Address	Type of Action
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			□Remove
			□Change
			
			□Remove
			□Change
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e record specifies a delayed effective d is filed.	e date, but not an effective time, at	12:01 a.m. on the earlier of: (b	o) The 9	0th day	after the
August 17					
Dated					
/s/ Karlacedra Hud	nhes				_
/s/ Karlacedra Hud		presentative of a member			_