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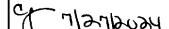
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COVER LETTER

Registration Section **Division of Corporations**

P.O. Box 6327 Tallahassee, FL 32314

TO:

eup incer.	KHINDR CARE, LL	С				
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Yar	itza Aponte				
		Name of Person				
	KH	nindr Care , LLC				
Firm/Company						
	121 Villavista CT					
	Davenport, FL 33896 City/State and Zip Code					
		rcare@gmail.com				
		to be used for future annual r	eport notification)			
For further information	concerning this matter, please c	all:				
Yaritza Aponte		at ()	272-3907			
Name	of Person	Area Code	Daytime Telephone Number			
Enclosed is a check for	the following amount:					
□ x \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &			
Mailing Addr		Street Ad				
Registration Division of	Section Corporations	Registration Section Division of Corporations				
P.O. Box 63		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 J. 23 J. St 24

KHINDR CARE, LLC			. 52.		
(Name of the Limited Liability Company a (A Florida Limited Liabil	it now appears on ity Company)	our records.)	· <u>·······</u>		
The Articles of Organization for this Limited Liability Company we	re filed on	4/27/2022	_ and assigned		
Florida document number L22000201274	•				
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 C	ompany," the design	ation "LLC" or the abbre	viation "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 addragent and/or the new registered office address here:	ess on our recor	ds, <u>enter the name o</u>	f the new registered		
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.	Fouer Florida s	treet 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 provisions of all statutes relative to the proper and complete perpaccept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office additional company has been notified in writing of this change.	formance of my ided for in Chap	duties, and I am fam ter 605, F.S. Or, if t	iliar with and his document is		

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</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Yaritza Aponte	121 Villa Vista Ct, Davenport, FL 33896	
			□Remove
			□ Change
			□ Add
			🗆 Remove
			□ Change
			□Add
			□Remove
			[] Change
			
			□Remove
			□Change
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			□Remove
			□Change

	I would like	to keep the sar	ne registere	ed agent bu	t to add a i	new memb	er to the LI	.C	
									
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(If an effective	date is listed, the	ian the date of date must be speci in this block does	filing: fic and cannot	be prior to de	ate of filing c	or more than S	optio (days after this	ding.) Pursuant	to 605.0207 (3
document's	effective date o	n the Departmer	nt of State's	records.	, , , , , , , , , , , , , , , , , , ,	5		anc wiii ika c	i i i i i i i i i i i i i i i i i i i
he record spec ord is filed.	rifies a delayed	effective date, be	ut not an effi	ective time.	at 12:01 a.	n. on the ea	rlier of: (b)	The 90th day	y after the
1	18th		202	4					
Dated			~ 1	~	\cap				
Dated			Mar		Ja	6			
Dated		Signature	of a member	or anthorize	dropresentat	ive of a men	ber		_

 $x_{i} = (x_{i} \circ x_{i}) \circ x_{i} \circ x_{i}$

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