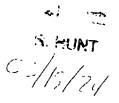
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Special Instructions to	Filing Officer.			





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## **COVER LETTER**

**∗** 'fO:

*iO: Registration Se Division of Cor			
SUBJECT: <u>to</u> c	nange the v	Name of my Co dited Liability Company	ompany
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		nte Mapoleon Name of Person	
New	SEKAPH	1H PHSSION  Firm/Company	CARELLC
	2501 Ramble	Address	
	Kissimmee napoleonyvena E-mail address:	FL 34746  City/State and Zip Code  116(10) Yohvo (COM)  to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
516-717-900 Name of	Person	at ( <u>576</u> ) <u>576-7</u> Area Code Daytim	7/7- 900"3 te Telephone Number
Enclosed is a check for th	e 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 Registration S Division of C	Section	Street Address: Registration Se Division of Cor	
P.O. Box 632	7	The Centre of T	•
Tallahassee, F	L 34314	Z410 N. MORFO	C SUCCI, SUIIC OIV

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compar	ny as it now appears on our records.) ability Company)	
(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on an	ıd assigned
Florida document number 122000-2060-91		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
SERAPHIH PASSION CAR The new name must be distinguishable and contain the words "Limited Liability	E L L City Company," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:	2501 Rambling Oaks Kissimmee 1-6 34	wary_
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee 1-6 34	1746
Enter new mailing address, if applicable:	2501 Rambline Oaks	vay
(Mailing address MAY BE A POST OFFICE BOX)	2501 Rambling Oaks L Kissimmer F.L. 34	746
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of th	e new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Change Company name Yvelle's hobing Care for the new name SERAPHIM PASSION CA
Car the New name SERAPHIM PASSION CA
11 C Short God RIOSC
The thick the test of the test
E. Effective date, if other than the date of filing: 7 /1 (2.4 (optional)) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.
Dated $\frac{3}{1/24}$ .
Signature of a member or authorized representative of a member  Halle Juenan te Dapoleon  Typed or printed name of signere
Signature of a memory of a memory of a memory
Malle Yvenante Napoleon

Filing Fee: \$25.00