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## **COVER LETTER**

то:		stration Section of Corp						
SUBJE	CT: _	Florida		: Name	- Amerela	c t		
				Name of Limi	ted Liability Compa	iny		
The enc	losed ,	Articles of A	mendment and	fee(s) are sub	mitted for filing.			
Please re	eturn a	ill correspon	dence concerni	ng this matter	to the following:			
			Kare	nı Bish	of-Wright	<i>!</i>		
					Name of Pers	son		
			Care Pa	ck Comm	rand, LL Firm/Compa	<u>C</u>		
					•	•		
			4058	1346 51.	Suite 107	13		
			Jaint C	low, Fl	. 34769 City/State and Zip	Code		
					k command o be used for future			
						annual report no	otification)	
For furtl	her inf	ormation cor	ncerning this m	atter, please ca	ill:			
Ka	2reis	M T. Bi	shop-Wri	git	at ( <u>754</u> Area Coo	667 de Dayii	ne Telephone Number	<del></del>
Enclosed	d is a c	check for the	following amo	unt:				
□ \$25	.00 Fil	ling Fee	S30.00 Fili Certificat	ing Fee & e of Status	S55.00 Filin Certified Co (additional cor	ору	Certified (	of Status &

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

Carepack Command, Ll	2C
Carefack Command, LC (Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22CCU2G1103</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
Carefack Commend Ederprises, LLC The new name must be distinguishable and contain the words "Limited Liabil	
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	40581314 St. Soute 1073 Sautel Cloud, FL-34769前
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Sant Cloud, FL. 34769-16 22  41.58 134 St. Switz 1676 B III  Sand Cloud, FL. 34769 50 D
B. If amending the registered agent and/or registered office a agent and/or-the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	. Enter Florida street address
	. Floridà
	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 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 = Authorize	ed Member	·	
Title Nan	<u>ne</u>	<u>Address</u>	Type of Action
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			□Remove
			□Change
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ument's effective date on the Department of Sta	te's records.
cord specifies a delayed effective date, but not a	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af
s filed.	
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ed March 17	1000
Kor. Hi	amber or authorized representative of a member
Signature of a mg	anber or authorized representative of a member