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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: TLG Home Health Care LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tamela Louise Williams - Gable
Home, Health Firm/Company
(2021 Mahenna Drive
Pensacola FLorido 32526 City/State and Zip Code
+ Jinhomeheal + Ware o amail. (Om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tamela Louise Williams-Gable at (850) 698-2769 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & □ \$60.00 Filing Fee, Certificate Of
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TCG Home Her	A Florida Limited I	ny as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Lia Florida document number 1220020	*	were filed on JUNE 13,	<u>スのみス</u> and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of the new name must be distinguishable and contain the wo	10.		C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREET		LODAL Malhenna pensacula Flor	Drive 11 da . 32524
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office address			
Name of New Registered Agent:	Jamela	: Williams - (no	able
New Registered Office Address:	(0021 m	Enter Florida street addre	225
	Rensau	Ola City F	lorida 325 26 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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Amba	Terriana Posey	6021 makenny	Prive fensalola mader, 32524
		□Remove	
		 	☐ Change
			□Λ d d
			□Remove
			□Change
		□Add	
		<u></u>	□Remove
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			□Add
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			☐ Change
		·	□Add
			□Remove
			Change

	-
(If an et Note:	tive date, if other than the date of filing:
the reco	ord 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 filed.
Dated	05/31/2023
	Tamela Gulliano Gable Signature of a member or authorized representative of a member
	Tanela Williams Gable Typed or printed name of signee

Filing Fee: \$25.00