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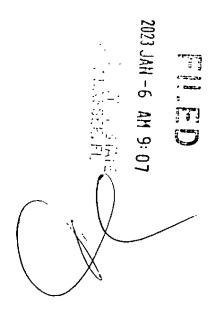
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## **COVER LETTER**

SUBJECT: Kindred Spirits home care services 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:	
Shodricka Miwaine Name of Person	
Kindred spirits home care services Li	C
4324 Bridgedale Rd	
Pensacola, florida 32505 City/State and Zip Code	- Ave
E-mail address: (to be used for future annual report notification)	e 4:
For further information concerning this matter, please call:	į.
Pensacola, florida 32505  City/State and Zip Code  Mrs Lady harris 22190 yakoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Shadoicka Mewaine  Name of Person  Area Code  Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status  □ \$30.00 Filing Fee Certified Copy (additional copy is enclosed)  □ \$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:  Pagistration Section  Pagistration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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**

Kindred Spirits home care Scavicer LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Company were filed on 01/	
Florida document number L22000	0277669	
This amendment is submitted to amend the fo	ollowing:	S
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain th	e words "Limited Liability Company." the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if app	licable:	
(Principal office address MUST BE A STRI	EET ADDRESS)	
·	<del> </del>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	TE BOX)	
B. If amending the registered agent and/o agent and/or the new registered office add	ress here:	
Name of New Registered Agent:	Shadricka N	rewaine
New Registered Office Address:	Shadricka N 1709 Garlia C Enter Florida s	TOURT
	Pensocola City	. Florida 3252 Co 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>	<u>Name</u>	Address	Type of Action
MGRM	Shadricka mswaine	4324 Bridgedale Rd	tv Add
			□Remove
			□Change
MGRM	Michael Johnson	1709 Garlia court	□Add
			Remove
			□Change
			<b>75</b> \^dd
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fective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filinote:  If the date inserted in this block does not meet the applicable statutor; becument's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant y filing requirements, this date will not b	to 605.0207 be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 is filed.		y after the
Signature of a member or authorized represe		
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