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(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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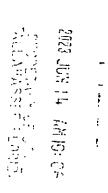
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Con			
SUBJECT: INF	nity Epipha Name of Lim	ny Home Care	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	<u>Shonte</u>	Name of Person	
	Infinity	Epiphany H	ome Care LLa
	IIII pinel	I as Sirrelt A	pt #4_
	Clearwater	FL 337!	56
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Shortel Name o	Will; ams	at (727) 32 Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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		Street Address: Registration Sec	tion
Division of C P.O. Box 632	Corporations	Division of Corp The Centre of Ta	porations
F.O. DOX 032	<i>31</i>	ine Centre of Ta	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(Name of the Lim	(A Florida Limited	any as it now appears o Liability Company)	n our records.)		_
	of Organization for this Limited I		were filed on <u>JU</u>	1414,	<u>2032</u> and	assigned
This amendme	ent is submitted to amend the fol	flowing:				
A. If amendi	ing name, enter the new name	of the limited liab	oility company here	:		
The new name m	nust be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	gnation "LLC" o	the abbreviation	"L.L.C."
Enter new pr	incipal offices address, if appli	icable:				
(Principal off	ice address MUST BE A STRE	ET ADDRESS)				
_						
Enter new ma	ailing address, if applicable:					
	<u>ress MAY BE A POST OFFICE</u>	<u> 3 BOX)</u>	 		<u> </u>	
Mailing addr					- 2	
Mailing addr				<u> </u>	シン ご	
	ng the posicioned egent and/on	intered office			77.0	-T)
B. If amendi	ng the registered agent and/or the new registered office addre		address on our reco	rds, <u>enter th</u>		new registe
3. If amendi	ng the registered agent and/or the new registered office addre		address on our reco	rds, <u>enter th</u>		new registe
3. If amendi ngent and/or	the new registered office addre		address on our reco	rds, <u>enter th</u>	e name of the	new registe
3. If amendi ngent and/or	0 0		address on our reco	rds, <u>enter th</u>	e name of the	new registe
3. If amendingent and/or Nam	the new registered office addre		address on our reco	erds, <u>enter th</u>	e name of the	new registe
3. If amendingent and/or Nam	the new registered office addresses of New Registered Agent:		address on our reco		e name of the	new registe
B. If amendi agent and/or Nam	the new registered office addresses of New Registered Agent:				e name of the	new registe

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

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
1 <u>IMBR</u>	Shontel Williams	Clearwater FL, 33756	>† 4 □Add
		Clearwater FL, 33750	<u>D</u>
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

lf amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
M	y information was used without
\mathcal{N}'	y knowledge as a registered
\overline{C}	gent that needs to be removed
	om this business ASAD.
TXC	DYY 1 - TY 113 100511 (455 175) 17 17 1
	·
Dec 4 1	
If an effective Note: If the	ate, if other than the date of filing:
e record spec rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	une 5, 2023.
_	Shorted Williams Signature of a member or authorized representative of a member
_	Shortel Williams Typed or printed name of signee