## L22000351118

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

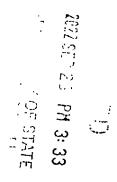
Office Use Only

A. RIVERS
DEC 19 2022



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09/26/22--01008--020 \*\*25.00



## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: MOTHE	R N DAUGHTER SERV Name of Lim	ICES, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Corpor	ate Maintenance Lea	ad
		Name of Person	
	Proc	essing Department	
		Firm/Company	<del></del>
	1	450 Vassar St	
		Address	
		Reno, NV 89502	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
Process	ing Department	at (800) 638-2320	
	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIE	IR ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited			
<del>(</del> <del>(</del> <del>)</del>	Liability Company as It now appearance Florida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liab			and assigned
This amendment is submitted to amend the follow	ino:		
A. If amending name, enter the new name of the	•		
	<del>-</del> -		
The new name must be distinguishable and contain the wor	DAUGHTER HOME SERV ds "Limited Liability Company," the	designation "LLC" or the abl	previation "L.L.C "
Enter new principal offices address, if applicah (Principal office address MUST BE A STREET			
Enter new mailing address, if applicable:	<del></del>		
• • • • • • • • • • • • • • • • • • • •			
(Mailing address MAY BE A POST OFFICE BO	(7.)		
	registered office address o ce uddress here:		the name of the i
Name of New Registered Agent:	registered office address o ce uddress here:	orida street address	
Name of New Registered Agent:	registered office address o ce uddress here: Enter Flo	orida street address	
Name of New Registered Agent:  New Registered Office Address:	registered office address of the address here:  Enter Flo	orida street address	the name of the o
Name of New Registered Agent:	Enter Flo	orda street address Florida	Zup Codes

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

AMBR = Authorized Member Type of Action Title Name Address \_ 🗆 Add \_\_\_\_\_\_ □ Remove \_\_\_\_ Change \_\_\_\_\_ ∧dd \_\_\_\_ □ Remove \_\_\_\_\_ Change \_\_\_\_ □ Remove \_\_\_\_\_ □ Change \_\_\_\_\_\_ D Add \_\_\_\_\_ Remove \_\_\_\_ Change Ď Add \_\_\_\_ Remove \_\_\_\_\_ D Change Remove

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ote:	the date, if other than the date of filing: N/A (optional)  cuve 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 605.026 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in int's effective date on the Department of State's records.
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ited_	September 19. 2022
	Signature of a member or authorized representative of a member
	Amber Ruiz

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Filing Fee: \$25.00