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(Re	questor's Name)	
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A. RIVERS

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SECRETARY OF STATE

COVER LETTER

.

Registration Section
Division of Corporations

TO:

SUBJECT, EXPERIEN	ICED LOVING CARE LLC		
30b)EC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DANIELE PAIVA	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		Name of Person	
	EXPERIENCED LOVING	G CARE LLC	
		Firm/Company	
	2003 SW 15 ST #144		
		Address	
	DEERFIELD BEACH, FL	_ 33442	
		City/State and Zip Code	
	danypaiva21@hotmail.com E-mail address: (to be used for future annual report not	ification)
For further information e	oncerning this matter, please c		
DANIELE PAIVA		at (954) 756-5018 Area Code Daytin	
Name o	f Person	Area Code Daytin	ne 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration So	ection
Division of C P.O. Box 632	orporations	Division of Co	rporations
Tallahassee, 1		The Centre of 2415 N. Monre	raffanassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXPERIENCED LOVING CARE LLC			
(Name of the Limited Liabi (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)		
he Articles of Organization for this Limited Liability	Company were filed on 09-21-2022	and assigne	d
lorida document number 1.22000413401			
his amendment is submitted to amend the following:			
a. If amending name, <u>enter the new name of the lin</u>	mited liability company here:		
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."	•
inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	DRESS)		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered agent and/or the new registered office address here:		ame of the new reg	giste
Name of New Registered Agent:		2022 OCT 17 SECRETAR'S	
New Registered Office Address:		OCT 17	TI TI
	Enter Florida street address	ARY SSE	
	, Florida	——————————————————————————————————————	1 }
	City	— (Zip C od e	

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.

New Registered Agent's Signature, if changing 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>	<u>Name</u>	Address	Type of Action
MGR	DANIELE PAIVA	2003 SW 15 ST #144 DEERFIELD BEACH, FL 33	<u>441</u> ≡ Add
			□Remove
			□Change
			□Ađd
			□Remove
			□Change
			□ Add
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ffect	ve date, if other than the date of filing: (optional)
	ective 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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a
	ent's effective date on the Department of State's records.
	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
is fi	ed.
ated	October 07 2022
	Signature of a member or authorized representative of a member