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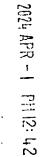
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## **COVER LETTER**

Division of Cor			
SUBJECT:C	m fanion Co Name of Lir	anited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ndence concerning this matter	r to the following:	
	Josephin	ne Ward. Name of Person	
	Senio Sil	Firm/Company	LLC
	944 Stron	agbox lane Address	· · · · · · · · · · · · · · · · · · ·
	North Go	City/State and Zip Code	3917
	) en 1005	to be used for future annual report notice	USMail. Com
For further information co	ncerning this matter, please ca	all:	
Josephine	Ward	at ( <u>239</u> ) <u>443</u> – Area Code Daytime	5885 e Telephone Number
Enclosed is a check for the	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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

· · · · · · · · · · · · · · · · · · ·	ice secu		ILC		
(Name of the Limited Liabilit (A Florida	y Company as it now a Limited Liability Comp	appears on our pany)	records.)		
The Articles of Organization for this Limited Liability Co Florida document number <u>と よ30000 5 4154</u>	ompany were filed o	on 2/2	1/2024	and as	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit					
Senior Sitters of SWF	LILLC				
The new name must be distinguishable and contain the words "Limi	ted Liability Company,	" the designatio	n "LLC" or the abb	reviation "I	L.C."
Enter new principal offices address, if applicable:		<u></u>		757	
(Principal office address MUST BE A STREET ADDR	ESS)	y Company," the designation "LLC" or the abbreviation "L.L.C."			
		<del> </del>			التقتاء
Enter new mailing address, if applicable:				PH	T
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>			<u> </u>	
	<u>•</u>			······	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on	our records,	enter the name	of the ne	w registered
Name of New Registered Agent:					
New Registered Office Address:	·····		<del></del>		
	Ente	er Florida street	t address		
<del></del>	City	•	Florida	Zip Code	<del> </del>
	Cuy			гар Соае	

## 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
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reffecti <u>te:</u> If	ve date is listed, the d the date inserted in		l cannot be prior to one of the applicable	tate of filing or more	(optional) han 90 days after filing.) quirements, this date w	
cord s s filed	-	ffective date, but not	an effective time	, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
.ed	3/26	12024 phine W Signature of a Tose Phi	,			
	Nos e	shine u	land	_		

Typed or printed name of signee