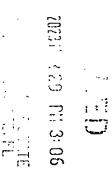
## L230000 81459

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R. HUNT 03/25/23

## **COVER LETTER**

TO: Registration S Division of Co			
WID LECT	Villanova's Ge	ntle Embrace Caregiving LLC	
SUBJECT:	Name of Lin		
	f Amendment and fee(s) are subsondence concerning this matter	<del>-</del>	
	Da	affne M. Gonzalez Villanueva	
		Name of Person	73
			د <u>د</u> استان
		Firm/Company	
		932 E. Osceola Parkway	
		Address	ED 3: 07
		Kissimmee, FL, 34744	07
		City/State and Zip Code	<del> </del>
	E-mail address: (	daffne017@gmail.com (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
Daffne M.	Gonzalez Villanueva	787 479-2895	
Name	of Person	Area Code Daytime Telephone	Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  C	60.00 Filing Fee, Sertificate of Status & Sertified Copy additional copy is enclosed)
Mailing Addre		Street Address: Registration Section	

**Division of Corporations** 

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Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Villanova's

Willa-novals Gentle Emb			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears I Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compan L23000081959	y were filed on	February 14, 2023	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	re:	
Villanovas Gentle Embrace Caregiving LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the de	esignation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u>.</u>	(3)
		·:	- <del>1</del>
			(2)
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		( )- )	
	<u>—</u>	77:1	.: 
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:  Name of New Registered Agent:	e address on our ro	ecords, <u>enter the name</u>	of the new register
New Registered Office Address:	Enter Flor	ida street address	
	City	, riorida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi	City  nt: gree to act in this to the performance of some of the provided for in C	my duties, and 1 am fa. Thapter 605, F.S. Or, ij	ee to comply wi miliar with and I this document
company has heen notified in writing of this change.			
company has heen notified in writing of this change.		ent, Signature of New Regi	

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>	<u>Address</u>	Type of Action
AR	Alexandra M Gonzalez Villanueva	7157 narcoossee road #1161, orlando FL 32822	□Add
			Remove
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