

123 000124540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

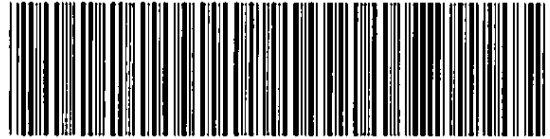
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FL

2024 FEB 28 PM 2:42

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CALL THE CARE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDER DE SOTO

Name of Person

CALL THE CARE, LLC

Firm/Company

2822 WASHINGTON ST

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

info@callthecare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDER DE SOTO

Name of Person

at (305) 915-6750
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2024 FEB 28 PM 2:12

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CALL THE CARE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 9, 2023 and assigned
Florida document number 1.23000124540.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2822 WASHINGTON ST

HOLLYWOOD, FL 33020

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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.

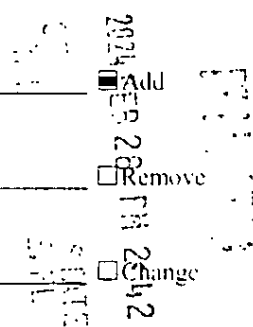
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	GAZARYAN, ARMEN	1001 N FEDERAL HWY	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MANUKYAN, INNA	1001 N FEDERAL HWY	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YOSIFIAN, GEORGY	1001 N FEDERAL HWY	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BELYAEVA, ALEVINA	1001 N FEDERAL HWY	<input checked="" type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THERE WILL BE ONE AMBR AND MGR BELYAEVA, ALEVITINA

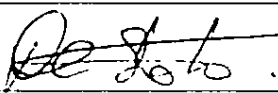
AND ONE MGR DE SOTO, ALEXANDER

ARMEN GAZARYAN AND INNA GAZARYAN ARE REMAINING AS SHAREHOLDERS, BUT WITH NO
MGR OR AMBR AUTHORITY

E. Effective date, if other than the date of filing: 02.01.2024 **(optional)**
(If an effective 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated FEBRUARY 20TH 2024



Signature of a member or authorized representative of a member

ALEXANDER DE SOTO, ALEVITINA BELYAEVA

Typed or printed name of signee