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COVER LETTER

	egistration Sec Pivision of Corp			•
eun ir ca		Y HOME ELITE CARE LLC		
SUBJECT	l:	Name of Lim	ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	im all correspor	ndence concerning this matter	to the following:	
		DIONNE HATTON		
			Name of Person	
		ELITE CARE ALF LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		1266 SW CHASE RD		
			Address	
		PORT SAINT LUCIE FI	L 34953	
			City/State and Zip Code	- · · ·
		DIONNETHRN06@GMAI		
		E-mail address: (to be used for future annual report r	notification)
For further	r information co	oncerning this matter, please co	all:	
DIONNI	E HATTON		203 610-5389	
	Name of	Person	Area Code Day	time Telephone Number
Enclosed i	s a check for th	e following amount:		
■ \$25.00	0 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)
/.				
, P	Aailing Address Registration Solvision of Co. P.O. Box 632 Callahassee, F	section orporations 7		Section Corporations of Tallahassee proe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERENITY HOME ELITE CARE LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L23000235445</u>	any were filed on MAY 12, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
ELITE CARE ALF LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the	e 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)		SECRETARY OF ST
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>enter the n</u> :	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	Cùy	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 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
			□Add
			□ Remove
			Change
			□Add
			□ Remove
			Change
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

-	
-	
Mactiva	e date, if other than the date of filing:
ໝາeffect <u>ote:</u> If	ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
record s	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
	June 9, 20203
	Gine 9, 20203 Difertion
	July 9, 20203 Distriction Signature of a member or authorized representative of a member

Filing Fee: \$25.00