Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

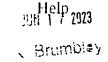
Email	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CUSTOMER CAREGIVER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COSTOMER CAREGIVER LLC		
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on our recor- ted Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number L23000240219		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:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7901 4th St. N STE 14807 St. Petersburg, FL 33702	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter	r the name of the new registered
Name of New Registered Agent:		2023 JUN
New Registered Office Address:	Enter Florida street addre	
		O1 1, 12-12.
	, F	lorida Zip Code
New Registered Agent's Signature, if changing Registered Age	•	2: 2
I hereby accept the appointment as registered agent and a		erther garee 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>	Address	Type of Action
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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		 	☐ Remove
			□ Change

Effective date, if other than the date of filing: (optional) (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 0.207 (white: If the date inserted in this block does not meet the applicable statutory filing requirements; this date will not be listed as document's effective date on the Department of State's records. Percord 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 dis filed. Dated June 16 2023 Signature of a member or authorized representative of a member Robin Jones		
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Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	2023	
	Established	
Robin Jones	Signature of a member of authorized representative of a member	
		e date of filing:

Filing Fee: \$25.00