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COVER LETTER

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SUBJECT: Name of Limited Liability Company			ntion Sec of Corp			
The enclosed Articles of Amendment and feet(s) are submitted for filing. Please return all correspondence concerning this matter to the following: SHATOYA CARLTON Name of Person CARLTON'S HEALTHCARE LLC Firm/Company 3107 NORTH 16TH STREET Address TAMPA, FLORIDA 33615 City/State and Zip Code SHATOYA@CARLTONSHEALTHCARE.COM E-mail address: to be used for future annual report notification) For further information concerning this matter, please call: SHATOYA CARLTON Name of Person Registration Section Division of Corporations Street Address: Registration Section Division of Corporations Division of Corporations	end inc				ı	
Please return all correspondence concerning this matter to the following: SHATOYA CARLTON	SUBJEC	.l:		Name of Lim	ited Liability Company	
Please return all correspondence concerning this matter to the following: SHATOYA CARLTON						
SHATOYA CARLTON Name of Person CARLTON'S HEALTHCARE LLC Firm/Company 3107 NORTH 16TH STREET Address TAMPA, FLORIDA 33605 City/State and Zip Code SHATOYA@CARLTONSHEALTHCARE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHATOYA CARLTON Name of Person At Cacode Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}{c} \$\text{S55.00 Filing Fee} & \text{ S60.00 Filing Fee} & \text{ Certificate of Status} & \text{ Certified Copy} & \text{ Certificate of Status} & \text{ Certified Copy} & \text{ Certificate of Status} & \text{ Certified Copy} & \text{ Certified Copy} & \text{ caddrional copy is enclosed} \text{ Mailing Address:} & \text{ Registration Section} & \text{ Registration Section} & \text{ Division of Corporations} & \text{ Division of Corporations}	The enck	osed Arti	icles of A	mendment and fee(s) are sub-	mitted for filing.	
Name of Person CARLTON'S HEALTHCARE LLC Firm/Company 3107 NORTH 16TH STREET Address TAMPA, FLORIDA 33605 City/State and Zip Code SHATOYA@CARLTONSHEALTHCARE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHATOYA CARLTON Name of Person 845 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Bigsigma \text{S25.00 Filing Fee} \text{ S55.00 Filing Fee} \text{ Certified Copy} \text{ Certified Copy} \text{ Certified Copy} \text{ cadditional copy is enclosed)} Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	Please re	turn all c	correspon	dence concerning this matter	to the following:	
CARLTON'S HEALTHCARE LLC Firm/Company 3107 NORTH 16TH STREET Address TAMPA, FLORIDA 33605 City/State and Zip Code SHATOYA@CARLTONSHEALTHCARE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHATOYA CARLTON Name of Person Atea Code S16-0685 at (SHATOYA CARETON		
Firm/Company 3107 NORTH 16TH STREET Address TAMPA, FLORIDA 33605 City/State and Zip Code SHATOYA@CARLTONSHEALTHCARE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHATOYA CARLTON 845 Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (addatoral copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations				· · · · · · · · · · · · · · · · · · ·	Name of Person	
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Division of Corporations Division of Corporations						ction
P.O. Box 6327 The Centre of Tallahassee		Divisio	on of Co	orporations	Division of Cor	rporations
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our records.)	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	.iability Company)	
The Articles of Organization for this Limited Liability Company Torida document number	were filed on 5/13/2023	and assigned
This amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "ELC" or t	he abbreviation "L.L.C."
Inter new principal offices address, if applicable:	3107 NORTH 16TH STREET	
Principal office address MUST BE A STREET ADDRESS)	TAMPA, FLORIDA 33605	
Enter new mailing address, if applicable:	3107 NORTH 16TH STREET	
Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FLORIDA 33605	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	Name	Address	Type of Action
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Filing Fee: \$25.00