## L23000258222

(Re	equestor's Name)	
(Ac	idress)	
	ddress)	
(AC	idless)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	rainaga (Fattis Nama)	
(Bl	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	

Office Use Only



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Y. SCOTT AUG 13 2023

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Gencare Kids Name of Limit	o Orlando, LU ed Liability Company	·
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Olive	- Gaye Name of Person	
		Firm/Company	
	7003 Pres	Address	2023 JUL -7 PH 1: 1 - CF S 1A E Cation)
	Orlando, 1	City/State and Zip Code  COYL YESOUYCES. CD/ be used for future annual report notifi	JUL -7 PH
			cation)
•	oncerning this matter, please cal		
Name o	n aye f Person	at (407) 440-2 Area Code Daytime	7877 Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 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)
Mailing Addres Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

company here:  Her Orlando LLC company, "the designation "LLC" or the abbreviation "L.L.C."
superity, the designation tipe of the doorer miton bible.
2200 Menta Street, Ste 101-108 Irlando, Fl. 32837
7700 Menta Street, Ste 101-105
Irlando, FL. 32837
ess on our records, enter the name of the new registered  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>	Name	Address	Type of Action
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f an eff Note:	ive date, if other than the ective date is listed, the date mu If the date inserted in this b ent's effective date on the f	st be specific and lock does not r	d cannot be prior meet the applic	able statutory i	or more than 90 da	(optional) ys after filing.) ats, this date	Pursuant will not	t to 605.0207 be listed as
record d is fil	d specifies a delayed effectived.	e date, but not	an effective ti	ime, at 12:01 a.	m. on the earlie	rof: (b) The	90th da	ny after the
Dated	June 23		, <del>2023</del>	·				
		l	9 1	<del>}-</del>				
		Signature of a	member of author	orized representa	tive of a member			<u>-</u>
				WP				

Filing Fee: \$25.00