## L23000314575

(Re	questor's Name)	
(Ad	dress)	
- (Ād	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration S Division of Co				
	TORRES LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	BRENDA TORRES			
		Name of Person		
	BRENDA TORRES LLC			
		Firm Company		33
	7125 FRUITVILLE RD #	1169		
		Address		<del>ن</del> ني ني
	SARASOTA, FL 34240			
	TORRESB9915@GMAIL.	City/State and Zip Code COM		
	E-mail address: (	to be used for future annual re	eport notification)	
For further information	concerning this matter, please c	all;		
BRENDA TORRES		941 786- at ()	5252	
Name	of Person	Area Code	Daytune Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate (Sed) Certified C	of Status &
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Division The Cent 2415 N.	dress: aion Section of Corporations tre of Tallahassee Monroe Street, Suite 819 see, FL 32303	0

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRENDA TORRES LLC			
(Name of the Limited Liab (A Flori	ility Company as it now appears on our re ida Limited Liability Company)	cords.)	
The Articles of Organization for this Limited Liability	Company were filed on 06/30/2023	and assigned	
Florida document number L23000314575	. <u></u> .		
this amendment is submitted to amend the following:			
a. If amending name, enter the new name of the lin	mited liability company here:		
EXTENDED FAMILY HOMECARE LLC			
he new name must be distinguishable and contain the words "Li	imited 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 ADL	ORESS)		
Inter new mailing address, if applicable:		30	
Mailing address MAY BE A POST OFFICE BOX)			
Turning address Marry David Coll Coll College			
		 : ව ණ	
3. If amending the registered agent and/or register agent and/or the new registered office address here		nter the name of the new regis	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<del></del>		, 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	d 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>	Address	Type of Action
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fective date, if other than the n effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	t be specific and cannot be prior to date ock does not meet the applicable st	(option of filing or more than 90 days after tatutory filing requirements, this	filing.) Pursuant to 605 02
ecord specifies a delayed effective s filed.	e date, but not an effective time, at	12:01 a.m. on the earlier of: (b.	) The 90th day after th
ted July 25	. 2024		
$\tilde{\gamma}$	<b>.</b>		