LZ3 000316 Z48

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700413163277

08/14/23--01030--016 ++30.00

2023 AUG 14 AH 7: 43

C/ 8/28/2023

COVER LETTER

Registration Section

Tallahassee, FL 32314

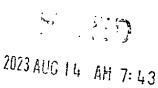
TO:

Division of Cor	porations		
Kindest Ca	re		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Angela Crosby		
		Name of Person	
	Kindest Care LLC		
		Firm/Company	
	512 Eiseman Way		
		Address	· -
	Jacksonville, Fl 32216		
		City/State and Zip Code	
	agift2gab1964@yahoo.com		
		to be used for future annual report r	notification)
For further information c	oncerning this matter, please e	all;	
Angela Crosby		808 990-3850 at ()	
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	
Division of C		Division of C	
P.O. Box 632		The Centre o	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Kindest Care LLC

(Name of the Limited Liability Company as it now appears on our records.) 7/2 1/1 (A Florida Limited Liability Company)

		7 · 30 · 7 L
he Articles of Organization for this Limited	Liability Company were filed on 07/032023	and assigned
lorida document number 1.23000316298		
his amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICI</u>	<u></u>	
 I.C. and a subdivious allows the advantage of the control of the con		
		ter the name of the new regist
		ter the name of the new regist
		ter the name of the new regist
gent and/or the new registered office addr Name of New Registered Agent:	ess here:	er the name of the new regis
3. If amending the registered agent and/or tgent and/or the new registered office addr Name of New Registered Agent: New Registered Office Address:	ess here: Angela Crosby	
Name of New Registered Agent:	Angela Crosby 512 Eiseman Way Emer Florida street add	

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>	<u>Name</u>	Address	Type of Action
MGR	Angela Crosby	512 Eiseman Way	■ Add
		Jacksonville, Fl 32216	
		<u> </u>	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			\ \ \ \ \ \
			□Remove
			□Change
			□ Add
			□Remove
			□Change

(Owner Nikki Walker who i mistakenly added as a Registered agent because I tried adding myself & i was told by
	Sun biz via email that I couldnt add myself as a Registered agent so I took Nikki Walker's advice & added her. I
ı	then realized later on in the week when i received mail that had Nikki Walker as the Owner. When I am the Owner
ı	of Kindest-Care LLC. Please if possible can you change my information where as i am the Rightful owner of Kind-
,	Thank you so much.
,	Angela Crosby
-	
-	
-	
-	
-	
-	
_	
_	
_	
-	
efi <u>e:</u>	ive date, if other than the date of filing: (optional) fective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.
	rd 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
ed	07/27/2023 Cashy Signature of a member or authorized representative of a member
	/ / / / / / / / / / / / / / / / / / / /

Filing Fee: \$25.00