## 123000433139

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(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
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## **COVER LETTER**

Registration Section

TO:

Division of Corporations
SUBJECT: Tranquility Care Services Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
riease return an correspondence concerning this matter to the following.
Carine Dossals Name of Person
Tranquility Care Services
4808 NW 19th 5t
Coconut Creek FL 33063  City/State and Zip Code
Carine & tranquility care . Co E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carine Dossous at (954) 532 - 8858  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  S55.00 Filing Fee S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023
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(Name of the Limited Libbility Company as it now appears on our records.) (A Florida Limited Liability Company)	PH 1: 30
The Articles of Organization for this Limited Liability Company were filed on 9 17 23  Florida document number L 23000433139	and assigned
This amendment is submitted to amend the following:	
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 "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

	City	Florida Zip Code
New Registered Office Address:	Enter Florida street add	lress
Name of New Registered Agent:		<del></del>

## New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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	Carine Dossous	4808 NW 19th St	Add
		4808 NW 19th St Coconut Creek	□Remove
		FL, 33063	□Change
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<u>iote:</u> If the date in	other than the date listed, the date must be sp nserted in this block d we date on the Departi	oes not meet the ap	oplicable statutory	(o or more than 90 days a filing requirements.	ptional) after filing.) Pursuant this date will not b	to 605.020 se listed a.
record specifies a lis filed.	delayed effective date	e, but not an effecti	ve time, at 12:01 a	a.m. on the earlier of	(b) The 90th day	y after the
ated <u>Sep</u>	tem ber	(al) 20	023			
	<u>Cau</u>	ature of a member or	OIL (AL)	tative of a member		_

Filing Fee: \$25.00