

124000025753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

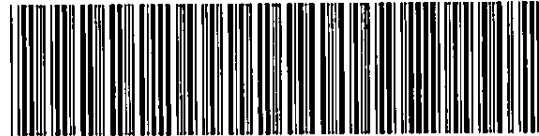
(Business Entity Name)

(Document Number)

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2024 JUN 13 AM 5:05  
STATE  
FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Unconditional Care LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LizgretHEEL Igorza Hidalgo  
Name of Person

Unconditional Care LLC  
Firm/Company

1321 NE 16th Ter  
Address

Cape Coral, FL 33909  
City/State and Zip Code

Lizgarza04@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LizgretHEEL Igorza at (239) 316-0317  
Name of Person Area Code Daytime 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 enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2006 JUN 5 05  
STATE  
CORP.

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Unconditional Care LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/11/2024 and assigned  
Florida document number L24000025753

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Unconditional Care Group Home LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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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

| Title | Name              | Address                      | Type of Action                          |
|-------|-------------------|------------------------------|---|
| MGR   | Lizgrethel Igarza | 1321 NE 16 <sup>th</sup> ter | <input checked="" type="checkbox"/> Add |
|       |                   | Cape Coral, FL 33909         | <input type="checkbox"/> Remove         |
|       |                   | 1321 NE 16 <sup>th</sup> ter | <input type="checkbox"/> Change         |
| AMBR  | Lizgrethel Igarza | Cape Coral, FL 33909         | <input checked="" type="checkbox"/> Add |
|       |                   |                              | <input type="checkbox"/> Remove         |
|       |                   |                              | <input type="checkbox"/> Change         |
|       |                   |                              | <input type="checkbox"/> Add            |
|       |                   |                              | <input type="checkbox"/> Remove         |
|       |                   |                              | <input type="checkbox"/> Change         |
|       |                   |                              | <input type="checkbox"/> Add            |
|       |                   |                              | <input type="checkbox"/> Remove         |
|       |                   |                              | <input type="checkbox"/> Change         |
|       |                   |                              | <input type="checkbox"/> Add            |
|       |                   |                              | <input type="checkbox"/> Remove         |
|       |                   |                              | <input type="checkbox"/> Change         |
|       |                   |                              | <input type="checkbox"/> Add            |
|       |                   |                              | <input type="checkbox"/> Remove         |
|       |                   |                              | <input type="checkbox"/> Change         |

2020-07-01 5:05

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 07/03/2024, 10:30 AM

Lizgretzel Tgarza Hidalgo  
Type or printed name of signer

2007  
4:5:05  
THE