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COVER LETTER

TO: Registration S	COVER LETTER
""Figuration Section	
Division of Corporations	•
- 1 S	Name of Limited Liability Company
The enclosed Articles of Amendment and f	ee(s) are out
Please return att -	or filing.
Please return all correspondence concerning	g this matter to the following:
Marti	re Hotila
	Name of Person
Qualit	y (ane solutions Home care UC
235 N	University Drive
Rembroke	City/State and Zip Code
Love So	City/State and Zip Code Lutions 2024 Quai Our address: (to be used for future annual report notification)
For further information concerning this matter,	address: (to be used for future annual report notification)
S manater,	please call:
Moutine Hotilo	ar (954 830 80 13
S. C. CLADII	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
VIII and the following amount:	
✓ \$25.00 Filing Fee ☐ \$30.00 Filing Fee Certificate of Sta	tus Certified Copy S60.00 Filing Fee,
	(additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solutions + ty Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on _________ Florida document number 24 000029829 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 abbreviation 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

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

MGR Clayemi Osgio	Address Sove 235 Munivercity or Pentarol Andd
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an effectiv <u>ote:</u> If th	date, if other than the da we date is listed, the date must be the date inserted in this block is effective date on the Depa	specific and cannot does not meet the	be prior to date of applicable statu	filing or more than s tory filing require	00 days after filing.) Pt	irsuant to 605.0207 If not be listed as t
record sp is filed.	occities a delayed effective d	ate, but not an effe	ective time, at 12	:01 a.m. on the ea	rlier of: (b) The 9	Oth day after the
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