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

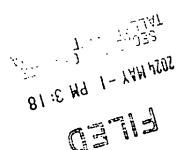




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3. 可以管理性的原则。 表现





COVER LETTER

TO: Registration Section Division of Corpora	n •		
SUBJECT:	ra 301 Ca Name of Limit	ted Liability Company	·
The enclosed Articles of Ame	ndment and fee(s) are subm	nitted for filing.	
Please return all corresponder	ace concerning this matter to	o the following:	
-	Elisa	Canceres Name of Person	
_		Firm/Company	
-	3862N	Nddress	
	Charayr E-mailaddress: (to	City/State and Zip Code a 0911, PG @ a roo be used for future annual report hoti	Dail. Com fication)
For further information conce	rning this matter, please cal	11:	
Name of Pers	Roberts	at (352-) - 6 40 Area Code Daytim	- 013 L e Telephone Number
Enclosed is a check for the fol	lowing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

utra 301 Care	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) oility Company)
The Articles of Organization for this Limited Liability Company wo	ere filed on $2-26-2004$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
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)	Citra, Florida &
Enter new mailing address, if applicable:	P 77
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	lress on our records, enter the name of the new registered
Name of New Registered Agent:	n hoberts.
New Registered Office Address: SCINV	Enter Florida street address
	, Florida

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

Title	Name	Address	Type of Action
MGR <u>-Amis</u> R	Elisa Ganceres	3862. NW1054 Sr 7/3448	er 3_□Add
			Remove
AMBR	Doris Roberts	3862 WW 1052 5- F	_ □Change 2 _u 34482 _ □Add
			_ ⊆ Kemove
			Change
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n effe ote: I	re date, if other than the date of filing: \(\begin{align*} & -1 - \partial 0 \rightarrow \end{align*}\) (optional) ctive 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 605.020 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
ecord is file	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 d.
ted_	5-1-2024. 2024.
	Fling Humcere
	Signature of a member or authorized representative of a member
	Elisa Gance res Typed or printed name of signee
	\sim 11 S \sim 1 THI MOLD \sim 1

EU E 635.00