# L24000116082

(Re	questor's Name)	
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# **COVER LETTER**

TO: Registration : Division of Co			
Still History	TOTAL L	OVING CARE LLC	
SUBJECT:	Hame of Lit	nited Liability Company	·
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	EVELY	N SANCHEZ ECHEVARRI	Α
	#	Name of Person	
	ТО	TAL LOVING CARE LLC	
	<del></del>	Firm/Company	
	1:	2710 SW 112 STREET	
		Address	
		MIAMI, FL 33186	
		City/State and Zip Code	
		GCAREALF@YAHOO.COM  To be used for future annual report notes	
For further information	concerning this matter, please c	-	,
EVELYN SANCH	EZ ECHEVARRIA	at (209 ) 595-9706	
Name	of Person	Area Code Daytimo	· Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2061 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT

### ARTICLES OF ORGANIZATION

of

#### **TOTAL LOVING CARE LLC**

(A Florida Limited Liability Company)

POLAUGE PHOSE SO The Articles of this Limited Liability Company were filed on March 7th 2024, with Effective Date of March 6th 2024, and assigned Florida document number L24000116082.

This Amendment is submitted to amend the following:

#### A. Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**EVELYN SANCHEZ ECHEVARRIA** TOTAL LOVING CARE LLC 12710 SW 112th Street Miami, FL 33186

Having been named as registered agent and to accept service of process for the above stated limited liability company, at the place designated in this certificate, 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 relating 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.

ered Agent's Signature

## B. PERSON(S) AUTHORIZED TO MANAGE THE LLC

Type of Action	<u>Title</u>	Name	<u>Address</u>
_ Change _ Remove x Add	AMGR	EVELYN SANCHEZ ECHEVARRIA	12710 SW 112 <sup>th</sup> Street Miami, FL 33186

The date of each amendment(s) adoption: JULY 19<sup>TH</sup> 2024

Effective date: JULY 19TH 2024

## **Adoption of Amendment**

☑ The amendments were adopted by the members. The number of votes cast for the amendments were sufficient for approval.

Dated JULY 19<sup>TH</sup> 2024

Signature \_\_\_\_\_

Printed Name:

RICARDO F. MARTINEZ

Title:

**AMGR**