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2024 NOV -6 AM ID: 52



COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

	CARE 4U LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	Semiramis Nieves	
		Name of Person
	ALWAYS CARE 4U LLC	
		Firm/Company
	35 SE 1st Ave, Ste 200Q	
		Address
	Ocala, FL 34471-2177	
		City/State and Zip Code
	alwayscare4u@hotmail.con	TAPEC PAR
	E-mail address: (TALLAHA all:
For further information of	concerning this matter, please ca	all: HAN 6
Semiramis Nieves		863 414-8784 SG A
Name	of Person	to be used for future annual report notification) all: AREA AMOV - 6 AMIO: 52 Area Code Daytime Telephone Number The Second S
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
Mailing Addre	Section	Street Address: Registration Section Division of Corporations
Division of G P.O. Box 63	•	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALWAYS CARE 40 LLC		_ .
(Name of the Limited Liabi (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 03/18/2024	and assigned
Florida document number L24000132303	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Always Care 4 U LLC		
The new name must be distinguishable and contain the words "Lii	mited Liability Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	(0 ~2
B. If amending the registered agent and/or register		ne of the new registered
agent and/or the new registered office address here:	:	<i>(</i> 0 ^{−<} 2775
		AR ID: OF ST SEE, I
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Civ	Zin 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 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	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
			Change
			Removaliza NOI
			SECREMARY (AT STAFFE TALLAHASSEE, FL
			Change
			
			Change
			□Remove
			Change

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Effective date, if other than the If an effective date is listed, the date in Note: If the date inserted in this I document's effective date on the	olock does no	it meet the appli	cable statutory	g or more than 9 / filing require	optional days after filing ments, this date) Pursuam to	6 55 0207 listed as (
ne record specifies a delayed effect ord is filed.	ive date, but r	not an effective	time, at 12:01	a.m. on the ca	rlier of: (b) T	he 90th day	after the
November 5th		2024	·				
	Signature of	fa pomber or aut	horized represer	ntative of a men	ber		-

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