L24000133632

(Requestor's Name)
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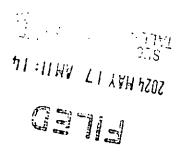


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SECRETARY OF STATE
TALLAHASSEE, FLOWN.

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COVER LETTER

Division of Cor	porations		
SUBJECT: Res	torative Homo	- Care LLC	
	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:	
	Amiracle	Grant	
		Name of Person	
		Firm/Company	
	2386 Vega	Address	
	<u>Tallahass</u> herestorative	City/State and Zip Code City/State and Zip Code Comail Com to be used for future annual report noti	32303
For further information c	E-mail address: (i oncerning this matter, please co	_	fication)
Amiracte Name o		at (<u>&SD</u>) <u>570 - 1</u> Area Code Daytim	41 +7 e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Restorative H	me Care L d Liability Company as it A Florida Limited Liability	now appears on our rec	cords.)		
The Articles of Organization for this Limited Li Florida document number <u>L2400013</u>	ability Company were fi 3632.	led on 03/12/20	024	and assi	igned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability co	mpany here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability Com	pany." the designation "	LLC" or the abbrev	iation "L,l	L.C."
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable:				2024 HAY	
(Mailing address MAY BE A POST OFFICE I	<u></u>	 -		7	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
				# ::	7
B. If amending the registered agent and/or reagent and/or the new registered office addres		; on our records, <u>en</u>	ter the name of	the new	<u>r registerec</u>
Name of New Registered Agent:	Amiracle	Grant-			
New Registered Office Address:	2386 Veg	a DY 1 V-C Enter Florida street ad C-C	dress		
	Tallahassa	£.	Florida 32	·303	, >
	Cit	<i>y</i> ,	2	lip 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MCIR	Letita Jones	2386 Vega Drive	□Add
		Tallahassee F1 32303	
			□Change
MGR	Cameshaa Grant	2380 Vega Drive	🗆 Add
		2386 Vega Drive Tallahasser, FL 32303	Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
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			Remove
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J. II alli	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing: 517204 (optional) fective 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 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the recordis fi	rd 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 led.
Dated	5/17 2024
	Al Signature of a member or authorized representative of a member
	amiracle Grant Typed or printed name of signee

Filing Fee: \$25.00