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COVER LETTER

Angelic Dove Home Care LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Doveline Williams Name of Person Angelic Dove Home Care LLC Firm/Company 7840 Lilac Lane Apt 122 Address Pensacola, FL 32514 City/State and Zip Code info@angelicdovehomeservices.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Doveline Williams Davtime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee **\$30.00** Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address: Street Address:** Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

2024 (***). 23 /** 8: 43 Angelic Dove Home Care LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on May 2, 2024 _____ and assigned Florida document number L24000207068 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 "L.L.C." 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kenneth Williams II	7840 Lilac Lane	
		Apt 122	□Remove
		Pensacola, FL 32514	■ Change
MGR	Doveline Williams	7840 Lilac Lane	■Add
		Apt 122	□Remove
		Pensacola, FL 32514	□Change
			[]Add
			□Remove
			□Add
		- ,	□Remove
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(If an effective Note: 1	we date, if other than the date of filing:
he record ord 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 ed.
Dated _	July 16th 2024
	Signature of a member or authorized representative of a member
	signature of a member or authorized representative of a member
	Doveline Williams
	Typed or printed name of signee