L24000210227

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

Office Use Only



900431395199

pa./12:124--01017--003 **25.00

2024 JUN 12 PM 2: 13

COVER LETTER

Division of Cor	porations					
	TLI CARE, LLC					
SUBJECT:	JBJECT: Name of Limited 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:				
	JONATHAN BONILLA					
		Name of Person				
		Firm/Company				
	307 ERIE CT					
		Address				
	KISSIMMEE, FL 34759					
		City/State and Zip Code				
	jandcmulticare@gmail.com					
	E-mail address; (to be used for future annual report notific	(ation) 2024			
For further information of	oncerning this matter, please c	all:				
JONATHAN BONILLA		863 399-1297 at ()	Telephone Number 22 PR 2:			
Name o	f Person	at () Area Code Daytime	Telephone Number			
			215. 29			
Enclosed is a check for the	he following amount:		17 W			
S25.00 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	···	Street Address:				

Mailing Address:

TO:

Registration Section

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

# & C MUTLI CARE, LLC		
(Name of the Limited Liability Con (A Florida Limite	pany as it now appears on our records.) d Liability Company)	1
he Articles of Organization for this Limited Liability Compa	ny were filed on 05/06/2024	and assigned
lorida document number L24000210227		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
& C MULTI CARE, LLC		
ne new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRESS)</u>		
		024
nter new mailing address, if applicable:		1
Mailing address MAY BE A POST OFFICE BOX)	-	7
Tuning data cost of the cost o		
		——————————————————————————————————————
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	ee address on our records, <u>enter f</u> l	he name of the new registe
Name of New Registered Agent:		
1055 411		
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	City	Zip 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

<u>Title</u>	Name	Address	Type of Action
AMBR	Jorathan Bonilla	307 Erie et KissimmeFl, 34759	L\SAdd
			🗆 Remove
			□Change
			□ Add
			2000 TO
		···	_ Shange
	-	715 (DAdd (T)
			□Remove □Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

							_
				·			-
					· · · · · · · · · · · · · · · · · · ·		-
							_
							_
							_
	- -			<u>-</u>			_
							-
			· ·		7.	20 7 4	_
					•	FIOT I	erce d
					:	12:	_ (
					(7)	7	
			-		, ,	:	- C
		· .				- 	_
		<u> </u>					_
							
					-		-
ective date, if other than the effective date is listed, the date in	e date of filir	ng:		(0	ptional)		
te: If the date inserted in this I	plock does not	meet the applica	o date of filing or ble statutory fi.	more than 90 days : ling requirements,	after filing.) Pursu this date will n	iant to 60: of be list	5.0207 ted as
tument's effective date on the	Department of	State's records.					
		en d	12.01				
cord specifies a delayed effect s filed.	ive date, but no	or an effective tir	ne, at 12:01 a.n	i. on the earmer of	: (b) The 90tr	i day aite	er ine
		2024					
ed June 05		2024	_·				
		1					
	11 -2						