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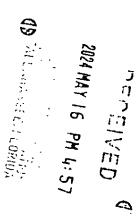
(Requestor's Name)
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FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:

(850) 491-9625 Brandon (850) 524-5437 Teresa (850) 524-6243 Rich

IALLADASSEE, FL S	2309		(030) 324-0243 NIC
Please use funds f Authorization Sig		: 120210000160: \$30.00	
Business Name: Document # Certified Copy X_Certificate of S	L240002105	& MEDICAL SERVICES, LLC 547	
NEW FILINGS	&	AMENDMENTS	
Profit CorpNot for ProfitLimited LiabilityDomesticationLLLPCorpIncOther		_XAmendmentResignation / DissociationChange of Registered AgerRevocation of DissolutionMergerArticles of ConversionAmended & Restated ArticStatement of Authority	
APOSTILLE(s)	&	OTHER FILINGS	
Apostille(s)Country(s)		Foreign FilingReinstatementQualificationFictitious NameAnnual Report	
			2 <u>27</u> 7 (2)

COVER LETTER

	sion of Cor				
SID DOT.	DLS HOM	E & MEDICAL SERVICES, L	LC		
SUBJECT	<u>.</u>	Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	indence concerning this matter	to the following:		
		DESHANNON L SHERM	IAN		
			Name of Person		_
		DLS HOME & MEDICAL	SERVICES, LLC		
			Firm/Company		- :
		2310 SE 2ND STREET SU	JITE 4		·.
			Address		
		BOYNTON, BEACH, FL	33435		ا (آن جست ا
			City/State and Zip Code	· -··-	- 1
		carc@dlsseniorservices.com			
			to be used for future annual report n	otification)	: · · · ·
For further in	formation c	oncerning this matter, please c	aii:		
DESHANNO	ON SHERM	AN	954 822-6599 at ()		
	Name o	f Person	Area Code Dayt	inse Telephone Numbe	ar .
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	ate of Status &
Reg	ling Addres		Street Address: Registration 5 Division of C		
	Box 632		The Centre of	Tallahassee	
Tall	lahassee, I	FL 32314	2415 N. Mon	roe Street, Suite	810

Taliahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DLS HOME & MEDICAL SERVICES LLC						
(<u>Name of the Limited Liablity Compa</u> (A Florida Limited I	ny as it now appears on our liability Company)	records.)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000210547</u> .	were filed on 05/06/2024	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabi	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designatio	n "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·				
(Principal office address MUST BE A STREET ADDRESS)						
		<u> </u>				
Enter new mailing address, if applicable:		<u> </u>				
(Mailing address MAY RE A POST OFFICE BOX)		1 51 7				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records,	enter the name of the new registe				
Name of New Registered Agent:						
New Registered Office Address:						
New Regimeres Office reduces.	Enter Florida street	address				
	City	Zip Code				
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agra provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my dut provided for in Ch <mark>apte</mark> r	ies, and I am familiar with and 605, F.S. Or, if this document is				

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
AMBR	DESHANNON L SHANNON	2310 SE 2ND STREET SUITE 4	□Add
		BOYNTON BEACH, FL 33435	□Remove
			[]Change
AMBR VAIDE M	VAIDE MONDESIR	2310 SE 2ND STREET SUITE 4	□Add
		BOYNTON BEACH, FL 33435	□Remove
			☐ Change
			<u> S</u> Add
			☐Remove
-,		,	The Cade
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Ifective date, if other them effective date is listed, the oter If the date inserted in acument's effective date of the other inserted in the other inserted inserted in the other inserted inserted inserted inserted inserted in the other inserted in	nni the date of filling: date must be specific and ca a this block does not med at the Department of Stat	omot be prior to et the applicat te's records.	de statutory fil	more than 90 days ing requirements,	, this date wi	li noi be listed ns
		2024				
is filed. MAY 16						