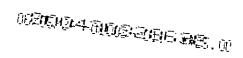
## L3400033535

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: PC	and Care	LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Decima	MCUNCOL Name of Person	
	Poeyond	Care Co.C.	
	600 30th	Street Soco	4h
	St petersb molecura E-mail address: (1)	City/State and Zip Code  O Jayoo Cony o be used for future annual report notif	2
For further information con	neerning this matter, please ca	dl:	
De Curron Name of I	Mainol Person	at (727) COS Daytime	745] Telephone Number
Enclosed is a check for the	following amount:		
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)
<u>Mailing Address:</u> Registration Se		Street Address: Registration Sec	ction
Division of Co	rporations	Division of Corp	porations
P.O. Box 6327 Tallahassee, Fl		The Centre of T	allahassee Street, Suite 810
rananassee. F	」 ション L T	_TIJ IN, MIOINOC	. Duven June 010

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF O		2021
•	ť	
Republic Cove LL  (Name of the Limited Liability Comparing A Florida Limited L.)	ny ay it now appears on our re- iability Company)	cords.)
The Articles of Organization for this Limited Liability Company	were filed on <u>05 - / (</u>	$\frac{3}{2024}$ and assigned
Florida document number <u>L 2 4000 222 5 2</u> .8		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability Cove.  The new name must be distinguishable and contain the words "Limited Liability Coverage of the limited liability Coverage of the liabil	11.0	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 a agent and/or the new registered office address here:	ddress on our records, <u>en</u>	iter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
		. Florida
	Circ	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 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 =	Månager	
AMBR =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Remove
			Change
			□Remove
			∐Remove
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Note:	we date, if other than the date of filing:
the record	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 <sub>2</sub>	05-28.
	Signature of a member or authorized representative of a member
	Dearra Majnoe Member Typed or printed name of signee

Filing Fee: \$25.00