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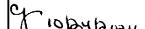
(Request	or's Name)
(Address)	<u> </u>
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(City/Stat	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

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COVER LETTER

TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

D118 111 2101	guardian pri	ivate care IIc		
SUBJECT:		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		Raychell Thompson		
			Name of Person	
		guardian private care Ilc		
		***************************************	Firm/Company	-
		11582 sw village pkwy		
		<u></u>	Address	
		port st lucie fl. 34987		
			City/State and Zip Code	
		raychelle322@gmail.com		
		E-mail address: (to be used for future annual report not	ification) ,
For further in	iformation co	oncerning this matter, please c	all:	
Raychell The	ompson		772 2750097 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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)
	ling Address		<u>Street Address:</u> Registration Se	ection
	-	orporations	Division of Co	
	Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202,877-7 51 5:26

Guardian Private C (Name of the Limited Liability Compar (A Florida Limited L	Cive LL	s on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2400033377</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the d	esignation "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 ro	ecords, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida street address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I haveby accept the appointment as registered agent and agree	e to act in this	angety. I further garge to comply with the

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

•

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Raychell Thompson	11582 sw villiage pkwy port st lucie fl. 34987	= Add
			□ Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□ Add
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(If an eff Note:	ive date, if other than the date of filing:
ne recor ord is fi	d 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	9-27-2024
	Ruychell Thomason Raychell Thomason Typed or printed name of signee
	Paud all Themason