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## **COVER LETTER**

TO:

TO: Registration S Division of Co			
	CARE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JOSEPH PHILLIPS		
		Name of Person	<del></del>
	TANDA CARE LLC		
		Firm/Company	
	1075 FRONT ST		
		Address	
	WELAKA, FL 32193		
		City/State and Zip Code	
	TPHILLIPS@COMFORCA	ARE.COM to be used for future annual report no	Nification)
For further information	concerning this matter, please c		ATTICATION!
ASHLEY PHILLIPS		904 315-2989 at ( )	
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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 Addr		<u>Street Address:</u> Registration S	Section
Registration Section Division of Corporations		Division of C	orporations
P.O. Box 63		The Centre of	
Tallahassee,	, rl 32314	2410 N. MON	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024,"" 29 Fil 5: 32 TANDA 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 \_\_\_\_\_\_ and assigned 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." 2730 FL-16 #114 Enter new principal offices address, if applicable: ST. AUGUSTINE, FL 32092 (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.

City

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
MBR	ASHLEY PHILLIPS	1075 FRONT ST. WELAKA, FL 32193	■Add
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ote: If the date inserted in this	nust be specific and cannot be prior to date	(optional) of filing or more than 90 days after filing.) Pursuant to 605.020 atutory filing requirements, this date will not be listed a
ecord specifies a delayed effectis filed.	ctive date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the
JULY 26 ted	2024	
	,	

Typed or printed name of signee