Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((11240003390323)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

: (323)389-0502

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I2001000062 : (323)962-8600 Fax Number

Enter the email acdress for this business entity to be used for futtire annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROSES TENDER HOMECARE LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$55.00 |

Electronic Filing Menu — Corporate Filing Menu

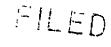
Help

COVER LETTER

| TO: Registration of Division of | on Section Corporations | | |
|---------------------------------|--|---|--|
| ROSE | S TENDER HOMECARE LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Article | s of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corr | espondence concerning this matter | to the following: | |
| | Mike Town | | |
| | | Name of Person | |
| | Legalzoom.com, inc. | | |
| | | Finn/Company | |
| | 9900 Spectrum Dr | | |
| | · · · · · · · · · · · · · · · · · · · | Address | |
| | Austin, TX 78717 | | |
| | | City/State and Zip Code | |
| | felicianeeley@me.com | | |
| | E-mail address: (| to be used for future annual repo | rt notification) |
| For further informati | on concerning this matter, please c | all: | |
| Mike Town | | 800 773-08 | |
| Nai | ne of Person | Ares Code D | Daytime Telephone Number |
| Enclosed is a check t | or the following amount: | | |
| S25.00 Filing Fed | | S55.00 Filing Fee & Certified Copy (additional copy is enclosed | Cortificate of Status & Certified Copy (additional copy is enclosed) |
| Rej Div P.C | AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314 | Registration S Division of C Clifton Build | orporations |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2024 OCT -8 AH 8: 37

| ROSES TENDER HOMECARE LLC | ±200 monus (i = 200 |
|---|---|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number L24000300389 | were filed on 07/03/2024 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1221 NORMANDIE WAY |
| (Principal office address MUST BE A STREET ADDRESS) | VERO BEACH, FL 32960 |
| Enter new mailing address, if applicable: | 1221 NORMANDIE WAY |
| (Mailing address MAY BE A POST OFFICE BOX) | VERO BEACH, FL 32960 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| · | Cuy , Florida 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 = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-----------------|--|----------------|
| AMBR | NEELEY, FELICIA | | D Add |
| | | | □ Remove |
| | | 1221 NORMANDIE WAY VERO BEACH, FL 32960 | ■ Change |
| | | | |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | |
| | | | Remove |
| | | | ☐ Change |
| • | | | □ Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | □ Remove |
| | | | □ Change |
| | | | □ Add |
| | | | ☐ Remove |
| | | ∏ (`hange | |

| • | , Page 6 of 6 | 2024-10-09 10.20:39 PDT | LegalZoom.com, Inc. | From: Candace F |
|--------------------|---|--|-----------------------------------|---------------------------------------|
| D. If | amending any other inform | nation, enter change(s) here: (Attach | additional sheets, if necessary.) | |
| | | | | |
| | | | | |
| | | | | |
| | | | | ··· |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · |
| | · ************************************ | | | |
| | | # street # 20 cm 2 | ALC: | <u> </u> |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | AHASSE | <u> </u> |
| | | | SETT | |
| | | | FL. | 8 |
| | | | RAV TOP | <u>မ</u> |
| | | | | |
| | | | | |
| (If a <u>No</u> | ote: If the date inserted in this | ne date of filing: aust be specific and cannot be prior to date of fil block does not meet the applicable statuto Department of State's records. | | |
| | record specifies a delay The 90th day after the re | ed effective date, but not an effection effection and effection and effection are set on the second is filed. | ctive time, at 12:01 a.m. on the | earlier of: |
| 1.5- | 10/08/2024 ned | | | |
| 1,73 | ned | · / · · · · | | |
| | | Signature of a member or authorized repres | entative of a member | |
| | | Felicia Neele | Ц | |
| | · | Typed or printed name of si | | |

Page 3 of 3

Filing Fee: \$25.00