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(((H24000359154 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : 120240000004 Phone : (775)329-7721 Fax Number : (775)376-9207

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

EssenceGriffith@outlook.com

\mathbb{K} LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KATERED KARE, LLC

Certificate of Status	0
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. From.Corporate Service Center Inc 1.702.507.9682 Mon Oct 28 13:25:46 2024 MDT Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	KARE, LLC				
(<u>Name of the Limited Llability Comp</u> (A Florida Limited	eny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000395911</u>	were filed on 09/10/24 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited liability company here</u> :					
The new name must be distinguishable and contain the words "Limited Liabi	liry Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	250 West Lake Mary Blvd Box 264				
(Principal office address MUST BE A STREET ADDRESS)	Sanford, FL 32773				
Enter new mailing address, if applicable:	250 West Lake Mary Blvd Box 264				
(Mailing address MAY BE A POST OFFICE BOX)	Sanford, FL 32773				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her					
Name of New Registered Agent:	2024				
New Registered Office Address:	Enter Florida street address C C Florida C P 170				
	City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:	######################################				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and 👙 provided for in Chapter 605, F.S. Or, if this document is				

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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

Title	Name	Address	Type of Action
MGR	Katrina Thompson	250 West Lake Mary Blvd Box 264	□ Adđ
		Sanford, FL 32773	☐ Remove
			⊡ Change
MGR_	Essence Griffith	250 West Lake Mary Blvd Box 264	_ D Add
		Sanford, FL 32773	☐ Remove
			☑ Change
			B Add
			Remove
			☐ Change
	<u></u>		D Add
			Remove
			□ Change
			D Add
			□ Remove
			Change
			Remove
			Change

*		
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		<u> </u>
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ffective.	e date, if other than the da	te of filing: N/A (optional)
mi cirect	tive date to troten, nie onte inna ne	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (does not meet the applicable statutory filing requirements, this date will not be listed as t
	it's effective date on the Depar	
e recor	rd specifies a delayed el 0th day after the record	ffective date, but not an effective time, at 12:01 a.m. on the earlier of
1116 3	oth day after the record	is theu.
nted	October 28	2024
		L- Vnompson
		·
	218	mature of a member or authorized representative of a member
		Katrina Thompson
	**************************************	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00