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COVER LETTER

TO: Registration of	on Section		•		
TWIN.	S CARE-GIVER, LLC				
SUBJECT,	Name of Lin	nited Liability Company			
	es of Amendment and fee(s) are sul	_			
Please return all con	respondence concerning this matter	to the following:			
	ARTHUR GOLDMAN				
		Name of Person			
A GOLDMAN ACCOUNTING AND TAX SERVICES Firm Company					
	2006 GRANADA DR ST	2006 GRANADA DR STE M-1			
Address					
	COCONUT CREEK, FL.	33066	<i>t</i> .	, 2	
	City/State and Zip Code	-11	024 1	<u>u</u> 10	
	AGOLDMANTAX@AOL			. OV	1
For further informat	ion concerning this matter, please c	to be used for future annual report notifies call:	- ' - : - ' - : 	2024 NOV -5 AM 10: 04	
ARTHUR GOLDM	AN	954 612-1629 at ()	Celephone Number	. ö.	
Na	une of Person		clephone Number Fi	\$ \$	
Enclosed is a check	for the following amount:				
.J \$25.00 Filing Fe	ee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fe Certificate of St Certified Copy tadditional copy is of	tatus &	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ANTICLES OF	AMENDMENT
T	
	ORGANIZATION S. E. M.
()	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TWINS CARE-GIVER, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	O DRGANIZATION Inv as it now appears on our records.) Liability Company) were filed on 10/10/2024 and assigned
	o de la companya della companya della companya de la companya della companya dell
The Articles of Organization for this Limited Liability Company	were filed on 10/10/2024 and assigned 2
Florida document number 1.24000435023	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
CATHERINE SAVONA CARE-GIVER, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	itty Company, the designation "EEC or the appreviation "E.E.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	706 SW 16TH ST
	BOYNTON BEACH, FL 33426
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	address on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
N 10.07	
New Registered Office Address:	Enter Florida street address
	process and the control case
	Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr	ee 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 p	provided for in Chapter 605, F.S. Or, if this document is
being filed to merely reflect a change in the registered office company has been notified in writing of this change.	address, I hereby confirm that the limited liability
company has oven hough a m 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
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ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th disclined.	
	ay after the
10/29/2024 ted	
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Signature of a member or authorized representative of a member	
Signature of a memoer of authorized representative of a member	

Filing Fee: \$25.00