

L24000502836

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC  
Account Number : I20240000004  
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.\*\***

Email Address: trevor.smith@pathwaysccsl.co.uk

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PATHWAYS CARE AND SUPPORT SERVICES, LLC**

Certificate of Status	0
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Page Count	03
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K. SALY

JAN 27 2025

RECEIVED  
JAN 24 PM 2:20  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32310

FILED  
JAN 24 PM 4:37  
TALLAHASSEE, FL 32310

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

**PATHWAYS CARE AND SUPPORT SERVICES, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2025 JAN 24 PM 4:37  
CLERK OF THE CIRCUIT COURT  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/02/24 and assigned  
Florida document number L24000502836.

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."

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 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

Florida

City

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Angela Smith	11523 Sunburst Marble Rd	<input checked="" type="checkbox"/> Add
		Riverview, FL 33579	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED  
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7733

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Dated January 09, 2025

Typed or printed name of signee