

To: 5/14/25, 12:43 PM

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2025-05-14 10:45:57 PDT

LegalZoom.com, Inc.

From: Melanie Ibarra

L25000161911

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA**

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JANA CARES LLC**

Certificate of Status	0
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JANA CARES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erik Treutlein

Name of Person

Legalzoom.com, Inc.

Firm/Company

11501 Domain Dr., Suite 200

Address

Austin, TX 78758

City/State and Zip Code

bobwoodards1937@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erik Treutlein

800

773-0888

at (_____) _____

Name of Person

Area Code

Daytime 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 &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JANA CARES LLC

FILED
2025 MAY 14 AM 10:55

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company) CLAY COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/04/2025 and assigned
Florida document number 125000161911.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Peaceful Horizons Home Care LLC

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>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
			☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
			☐ Remove
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		_____	☐ Change
_____	_____	_____	☐ Add
			☐ Remove
		_____	☐ Change

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Filing Fee: \$25.00