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# TALLAHASSEE COURIER SERVICES LLC

TALLAHASSEECOURIER@GMAIL.COM
Brandon Long, (850) 491-9625

COVER LETTER

**AMENDMENT**

**FILING FEE**

**$25.00 (check attached)**

**Business Name:**

**SRS CARE SOLUTIONS, LLC**

**Document Number:**

**L25000315295**

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**L25000315295**

# COVER LETTER

**TO: Registration Section**
**Division of Corporations**

SUBJECT: SRS CARE SOLUTIONS, 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:

MARIE EILIS TESSA RAFAEL
Name of Person

SRS CARE SOLUTIONS, LLC
Firm/Company

8480 OKEECHOBEE BLVD SUITE 5
Address

WEST PALM BEACH, FL 33411
City/State and Zip Code

SRSCARESOLUTIONS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIE EILIS TESSA RAFAEL at (305) 915-2348
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 & Certified Copy (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 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

2025 OCT 16 PM 3:42

SRS CARE SOLUTIONS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/09/2025 and assigned Florida document number L25000315295.

This amendment is submitted to amend the following:

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

N/A

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)***

8480 OKEECHOBEE BLVD SUITE 5
WEST PALM BEACH, FL 33411

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

8480 OKEECHOBEE BLVD SUITE 5
WEST PALM BEACH, FL 33411

**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: N/A

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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| AP | RAFAEL, CHESTER ALVIN | 7754 OKEECHOBEE BLVD | ☐ Add |
| | | WEST PALM BEACH, FL 33411 | ■ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
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| | | | ☐ Change |
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| | | | ☐ Change |

D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A

E. **Effective date, if other than the date of filing:** _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 16 October, 2025.

Signature of a member or authorized representative of a member

MARIE EILIS TESSA RAFAEL

Typed or printed name of signee

**Filing Fee: $25.00**