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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Caron Forchand Cares LLC
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Caron Forehand  Name of Contact Person  Caron Forehand Cares LLC
Firm/ Company  275 John Knox Road 5102  Address
Tallahassce, FL. 32303 City/ State and Zip Code
E-mail address: (to be used for litture annual report notification)
For further information concerning this matter, please call:
Caron Torehand at (850) 815-1435  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

Caron Forehand Co	ares LLC
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P22000046	1)12
(Document Number	of Corporation (if known)
	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Caron Foreband Correc	Tod
name must be distinguishable and contain the word "corporation."	The new
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional cornoration name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	ACIA
13. Contract of the Contract o	<u></u>
	,
0.0	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
(Maning dumess SIAT BE A POST OFFICE BOX)	
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent Jo2mun R	orehand-Lee
	The terms of the t
(Cl. v)	
A 1 / A	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>
I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
^	
(101	And of Pro
Signature of New R.	Surger Landing
	- games and regarding of winding ling

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Caron Forehand	275 John Knox Rd
Add Remove 2) Change Add	<u>P</u>	Jaznya Forchard Lee	S102 Tallahassee Fl 32303 275 John Knox Rd S102
Remove 3 ) Change			Tullunassee FL 32303
Add Remove 4) Change Add	<del></del>		
Remove 5) Change Add			
Remove 6) Change Add Remove	<del></del>		

	ing additional Artic	20 22 1	<u> </u>		
wacn aaanionai sn	eets, if necessary).	(Be specific)			
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an amendment pr	ovides for an excha	nge, reclassificatio	m. or cancellation	of icened charge	
<u>rovisions for impl</u>	ementing the amend	dment if not conta	ined in the amend	ment itself:	
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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) 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. Adoption of Amendment(s) (CHECK ONE) Z The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.  $\square$  The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)