207000106511

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(Cib.)	(C) - 1-17: (D)	- 40
(City)	/State/Zip/Phon	е#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	ertified Copies Certificates of Status	

Special Instructions to Filing Officer:

A. LUNT

OCT 31 2011

EXAMINER

Office Use Only



700212218697

10/28/11--01007--025 **30.00



10/24/11

To whom it may concern,

Please amend my current business, Banga & Comighod AFCH, LLC (L07000106511). The new name will be Family Comfort Home Assisted Living Facility LLC. The fee is included with the amendment form filled up.

Thank You,

Cwanselin Complore

Ranjoe Banga, Co-Owner

1529 Clark St

Clearwater, FL 33755

727-422-8793

COVER LETTER

Division of Corporations
SUBJECT: Family Comfort Home Assisted Living Fac
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Evangelin Comighod Name of Person
- Family Comport Home Assisted Living Facility LLC
1529 CLOUR STreet
Clearwater, FL 33755 City/State and Zip Code
Gelineaniahoda aol. com Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Evangelin Comighod at (727) 422-8793 Warne of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Solution Status Solution S

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 ARTICLES OF ORGANIZATION **OF**

Banga + Comiah	Wd AFCH LLC
Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Of Florida document number	Company were filed on Poril 39, 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
Tamily Comfort Home Assist The new name must be distinguishable and end with the wo "L.L.C."	ed Living Facility LLC For the abbreviation "LICGOR the abbreviation "LICGOR the abbreviation Facility Company," the designation "LICGOR the abbreviation Facility Company,"
Enter new principal offices address, if applicable:	SSE SSE C
(Principal office address MUST BE A STREET ADD)	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	
•	Enter Florida street address
<u></u>	, Florida
-	City Zip Code
New Registered Agent's Signature, if changing Registere	d 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
····			Add Remove
 _			□ Domenuo
			□ Paraus
			Add Remove
			∑ Remove
			(C) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
D. If amen	ding any other information, ent	er change(s) here: (Attach additiona	
_			
Dated	0-24-2011	a member or authorized representative of	
	•		

Page 2 of 2

Filing Fee: \$25.00