

211000002854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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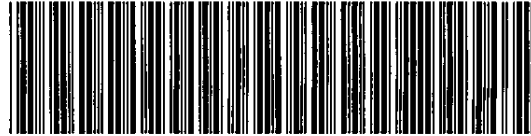
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

AUG 19 2016
BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COMFORCARE, 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:

HELEN D DEONAS

Name of Person

COMFORCARE, LLC

Firm/Company

9 NORTH 14TH ST

Address

FERNANDINA BEACH, FL 32034

City/State and Zip Code

NDEONAS@YAHOO.COM

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

For further information concerning this matter, please call:

NICK DEONAS

Name of Person

904

753-4077

at (_____) _____

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2016 AUG 18 A 9:31
TALLAHASSEE, FL
OFFICE OF THE
CLERK OF THE
SUPREME COURT

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

COMFORCARE 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 1/7/2011 and assigned
Florida document number L11000002854

This amendment is submitted to amend the following:

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

DEONAS ENTERPRISE GROUP, 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

City

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Change
Add
Remove
Change

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2018 AUG 18 A 9:31
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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2016 AUG 18 A 9:31
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TALLAHASSEE, FLORIDA

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.

Dated AUGUST 12 2016

Helen P. Thomas
Signature of a member or authorized representative of a member

HELEN D DEONAS

Typed or printed name of signee