

L13 000145203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AFTER BETRAYAL CARE, L.L.C.
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:

GILLIAN MURRAY-LYN
Name of Person

AFTER DECEPTION CARE, LLC
Firm/Company

21911 SW 98 AVE
Address

CUTLER BAY, FL 33190
City/State and Zip Code

abcoachingcare@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILLIAN MURRAY-LYN at 305.537-8042
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AFTER BETRAYAL CARE, 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 10/15/2013 and assigned
Florida document number L13000145203.

This amendment is submitted to amend the following:

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

AFTER DECEPTION CARE, LLC

The new name must be distinguishable and end with 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)

21911 SW 98 AVE
Cutler Bay, FL
33190

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A.

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 - Same

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 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.

N/A

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

MGRM = Managing Member

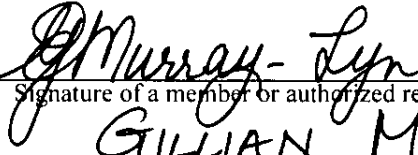
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Sherry Acosta	6944 Columbia Court	☐ Add
		Margate, FL	☒ Remove
		33063	
			☐ Add
			☐ Remove
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SOUTH FLORIDA
FALL 2013

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

Sherry Acosta is no longer a
manager member of this LLC
and has removed any and all
affiliation to this LLC.

Dated November 17th, 2013.



Signature of a member or authorized representative of a member

GILLIAN MURRAY-LYN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
FALLS CHURCH, VA 22034

6-11-13