

L15000 155 327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

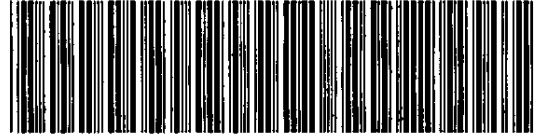
(Business Entity Name)

(Document Number)

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16 MAY 13 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 17 2016  
J. HARRIS

COVER LETTER

JH

TO: Registration Section  
Division of Corporations

RECEIVED  
2016 MAY 13 AM 11:16  
TALLAHASSEE, FLORIDA

SUBJECT: iMatter Adult DayScape, 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:

Andraya J Brennan  
Name of Person

iMatter Adult DayScape  
Firm/Company

3427 W Woolbright Road  
Address

Boynton Beach FL 33436  
City/State and Zip Code

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

For further information concerning this matter, please call:

Andraya J Brennan at (904) 777-4185  
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  
*Already mailed and cashed on 5/5/16 AB*
- \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 6, 2016

ANDRAYA J BRENNAN  
3427 W WOOLBRIGHT RD  
BOYNTON BEACH, FL 33436

SUBJECT: IMATTER ADULT DAYSCAPE, LLC  
Ref. Number: L15000155327

FILED  
15 MAY 13 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for IMATTER ADULT DAYSCAPE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 116A00009608

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

iMatter Adult DayScape 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 9-11-2015 and assigned Florida document number L15000155327.

This amendment is submitted to amend the following:

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

iMatter Adult Day Center, 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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TALLAHASSEE, FLORIDA

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Alvin Brennan	3427 W Woolbright Rd	<input type="checkbox"/> Add
		<del>Boynston Bch, FL 33436</del>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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 May 10, 2016.

Handwritten signature of Andraya J. Brennan

Signature of a member or authorized representative of a member

Andraya J Brennan
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 13 AM 8:44

FILED