

L17000016530

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(Address)

(City/State/Zip/Phone #)

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2017 JAN 27 P 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JAN 30 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Royal Care Assisted Living, 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:

Oneil McEwan
Name of Person

Royal Care Assisted living facility
Firm/Company

Error on 4702 NW EVER Rd 4022 SW Bamberg ST
Address

Error on PSL FL 34983 Port Saint Lucie FL 34953
City/State and Zip Code

oneilmcewan@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oneil McEwan at 954 993 7002
Name of Person Area Code Daytime Telephone Number
954 496 3124

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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2017 JAN 27 P 12:30
TALLAHASSEE, FL

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

Royal Care Assisted Living Facility, 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 1/20/17 and assigned
Florida document number ~~L14000168366~~ Error on L17000016530

This amendment is submitted to amend the following:

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

Caring Hands of the Treasure Coast, 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)

~~84702~~ 4022 SW BambergST
Port Saint Lucie
FL 34953

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:

N/A

New Registered Office Address:

Enter Florida street address

_____, Florida
City

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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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 Jan 24, 2017

Onee m^cc

Signature of a member or authorized representative of a member

Oneil McEwan

Typed or printed name of signee