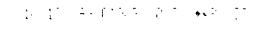
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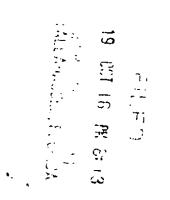
(Re	equestor's Name)	
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S. YOUNG

COVER LETTER

	gistration Sec vision of Corp		* -	
SUBJECT		rs Senior Day Care LLC		
Sonater		Name of Limi	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspoi	ndence concerning this matter	to the following:	
		Reyna Valdez		
		Golden Years Senior Day (Name of Person Care LLC	
		6829 Merrill Road	Firm/Company	
		Jacksonville, FI 32277	Address	
		casteleirobc@gmail.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
Marlene Ca	asteleiro		305 387-1700 at (
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Golden Years Senior Day Care LLC		;.
(Name of the Limited Liab) (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Florida document number £19000235906	Company were filed on September 18, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
Golden Senior Year LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• •	AREGO.	_
(Principal office address MUST BE A STREET ADD	TRESS!	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		r the name of the new
Name of New Registered Agent:		-1-1-1
New Registered Office Address:	P . Pl . 1	
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Add
			Remove
			□ Change
			
			□ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
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			□ Remove
			□ Change

			
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<u> </u>	_ -		
	10/08/2019		_
		(optional)
ective date, if other than the		ate of filing or more than 90 days	after filing.) Pursuant to 605.020
ective date, if other than the a effective date is listed, the date muste: If the date inscreed in this bloom	t be specific and cannot be prior to do tock does not meet the applicable	statutory filing requirements	s, this date will not be listed as
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Page 3 of 3

Filing Fee: \$25.00