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COVER LETTER

TO:

Tallahassee, FL 32314

	gistration Se vision of Cor			
elib ie <i>c</i> t.		ICHE SERVICES, LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		JOHN K ANTHONY		
		4	Name of Person	
			Firm/Company	<u> </u>
		PO BOX 3150		
		Address		
		WINDERMERE, FL 3478	66	
		JOANTHENEW25@ICLO	City/State and Zip Code UD.COM	
		E-mail address: (to be used for future annual report not	ification)
For further i	information c	oncerning this matter, please ca	all:	
JOHN K. A	NTHONY		407 401-3775	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Address		Street Address:	ation
	gistration S vision of C	orporations	Registration Se Division of Co	
	O. Box 632		The Centre of	-

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2 10 1 20 JU Q: 57 LIVING NICHE SERVICES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) _____ and assigned Florida document number ______1.20000313696 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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.

City

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>	Address	Type of Action
MGR	JOHN K ANTHONY	12849 GRACEHILL LANE	□Add
		WINDERMERE, FL 34786	□Remove
			■Change
MGR JOAN ANTHONY	JOAN ANTHONY	12849 GRACEHILL LANE	
		WINDERMERE, FL 34786	□Remove
			≅ Change
			□Add
		 	□Remove
			□Change
			□ Add
			□ Remove
			□Change
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			□Change
	-		□Add
			□Remove
			Change

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	11/20/2020
fan effe Note: I	re date, if other than the date of filing: (optional) etive 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 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
d is file	
Dated _	November 20. 2020.
	Signature of a member or authorized representative of a member

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