1050000 86807

(Requestor's Name)				
(Address)				
(Ac	idress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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OCT 2 4 2019 C Kinsey

COVER LETTER

SUBJECT:	Guardian A	angel Adult Care Services, L	LC		
SUBJECT: _		Name of Limite	ed Liability Company		
The enclosed A	Articles of Am	endment and fee(s) are subm	itted for filing.		
Please return a	II corresponde	ence concerning this matter to	the following:		
		Nicole Marie Stone			
			Name of Person		
		Guardian Angel Home Ca	re Agency, LLC		
			Firm/Company	· ···	
		231 Courtenay Pkwy., Sui	te A		
			Address		
		Merritt Island, FL 32953			
		NicoleStone@bellsouth.net	City/State and Zip Code		
	_	E-mail address: (to	be used for future annual re	eport notification)	
For further infe	ormation conc	erning this matter, please cal	l :		
Nicole Marie	Stone		321 633	-9730 Ext. 6	
	Name of Pe	rson	Area Code	Daytime Telephone Nur	mber
Enclosed is a c	heck for the fe	ollowing amount:			
□ \$25.00 Fil	ing Fee I	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certi osed) Certi	0 Filing Fee, ificate of Status & fied Copy ional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Guardian Angel Adult Care Services,		any ag it now agreement on			
(Name of the Limited L	Torida Limited	i <mark>ny as it now appears on (</mark> Liability Company)	our records.)		
The Articles of Organization for this Limited Liabil Florida document number L05000086807	lity Company	were filed on Septem	ber 1, 2005	and ass	igned
	···································				
his amendment is submitted to amend the following	ig:				
A. If amending name, enter the new name of the	limited liab	oility company here:			
Guardian Angel Home Care Agency, LLC					
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation	ation "LLC" or the abbrev	riation "L.	L.C."
Enter new principal offices address, if applicable	2:	SAME		2019	
Principal office address MUST BE A STREET A	DDRESS)		2:	90	الله الله
			: :	<u></u>	دييس.
				- 0	+ 3]
Inter new mailing address, if applicable:		SAME		<u> </u>	17. S
Mailing address MAY BE A POST OFFICE BOX	x 0			· · · · ·	
					-
3. If amending the registered agent and/or registered agent and/or the new registered office	• • •		records, <u>enter the</u>	name	of the
Name of New Registered Agent:	SAME	· · · · · · · · · · · · · · · · · · ·			· . <u></u> .
New Registered Office Address:					
New Registered Office Address.		Enter Florida st	reet address	-	
			, Florida		
		City	<i>;</i>	Zip Code	
New Registered Agent's Signature, if changing Regi	stered Agent:				
l hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register	nd complete	performance of my o	luties, and I am fami	iliar wit	h and

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Type of Action
MGR	Nicole Marie Stone	1685 Hwy A1A, Satellite Beach, FL 32937	
			☐ Remove
AMBR Berna	Bernadine Stone	651 Bismarck Way, Indialantic, FL 32903	Add
			□ Remove
			Change
			Add
		······································	☐ Remove
			☐ Change
			□ Add
			Remove
			□ Change
			Add
			Remove
			☐ Change
			□ Add
			□ Remove
		 	Change

	iding any other information, enter change(s) b	erer in incertain and success, y necessary,
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(If an effective I		(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 olicable statutory filing requirements, this date will not be listed as rds.
	ord specifies a delayed effective date, but 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier of
Dated _	September 30 2019	
	m M	uthorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00