

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000216506 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)205-0383 Fax Number

: CORPORATION SERVICE COMPANY Account Name

Account Number: I2000000195 Phone

: (850)521-1000

Fax Number

: (850)558-1575

AMND/RESTATE/CORRECT OR M/MG RESIGN

NEWPORT LAND DEVELOPMENT, LLC

| Certificate of Status | 0 | |
|-----------------------|---------|------|
| Certified Copy | 0 | HWW) |
| Page Count | 02 | JANS |
| Estimated Charge | \$25.00 | |

Electronic Filing Menu

Corporate Filing Menu

Help

مندر س

#06000216506 3

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

| | PREMIORIE LAND DE VELOPINEMI, LLC |
|---------|---|
| | (Present Name) (A Florida Limited Liability Company) |
| | |
| | |
| first: | The Articles of Organization were filed on08/18/2006 and assigned document numberL06000081979 |
| SECOND: | This amendment is submitted to amend the following: |
| | FIRST: The name of the Limited Liability Company shall be as follows: |
| | BLUE WAVE ADULT CARE SERVICES, LLC |
| | |
| | |
| | |
| | |
| • | |
| | |
| | |
| | |
| | |
| Dated | Amount 29 2004 |
| | |
| | |
| (| Mary to X/ seed in |
| | Signature a premiser or authorized reproductive of a member |
| | MARTY HENDERSON |
| | Typed or printed name or signee |

Filing Fee: \$25.00

OF AUG 29 AM 9: 315