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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Better Alternative Home Care, 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:

Ryan J. Millhorn
(Name of Person)

The Millhorn Law Firm
(Firm/Company)

13710 U.S. Hwy. 441
(Address)

Lady Lake, FL 32159
(City/State and Zip Code)

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For further information concerning this matter, please call:

Ryan J. Millhorn at (352) 753-9333
(Name of Person) (Area Code & Daytime Telephone Number)

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

**AMENDMENT TO THE
ARTICLES OF ORGANIZATION FOR
A BETTER ALTERNATIVE HOME CARE, LLC.**

THIS IS TO CERTIFY THAT:

The following Articles amend the Articles of Organization of A BETTER ALTERNATIVE HOME CARE, LLC., filed with the Florida Department of State on September 19, 2006.

ARTICLE I

The name of the Limited Liability Company is:

A BETTER ALTERNATIVE HOME CARE, LLC.

ARTICLE II

The street address of the principal office of the Limited Liability Company is:

2405 NORTH HIGHWAY 441, BLDG. 2
FRUITLAND PARK, FL 34731

The mailing address of the Limited Liability Company is:

2405 NORTH HIGHWAY 441, BLDG. 2
FRUITLAND PARK, FL 34731

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV

The name and Florida street address of the registered agent is:

THE MILLHORN LAW FIRM
13710 U. S. HIGHWAY 441, SUITE 100
LADY LAKE, FL 32159

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Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: _____

RYAN J. MILLHORN

ARTICLE V

The name and address of managing members/managers are:

TITLE: PRES., TREAS.
SHELLEY L. WELLER
9442 C. R. 125C
WILDWOOD, FL 34785

TITLE: VICE-PRESIDENT
LAUREN E. TAFUR
2293 WEATHERED WOOD DR.
LEESBURG, FL 34748

ARTICLE VI

The effective date for this Limited Liability Company shall be:
09/20/2006

IN WITNESS WHEREOF, this Article of Amendment has been duly executed and is being filed in accordance with Florida Statute §608.411, this 9th day of October, 2006.

Signature of member or an authorized representative of a member:

By: _____

RYAN J. MILLHORN, Authorized Representative of
SHELLEY L. WELLER, MGRM
A BETTER ALTERNATIVE HOME CARE, LLC.

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STATE OF FLORIDA
COUNTY OF SUMTER

BEFORE ME, a Notary Public authorized in the State and County set forth above, personally appeared RYAN J. MILLHORN, who is personally know to me, as authorized representative, and acknowledged before me that he executed the foregoing Amendment to the Articles of Organization of A BETTER ALTERNATIVE HOME CARE, LLC..

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 9TH day of October, 2006.



Nadine J Wanucha
My Commission DD331427
Expires June 22, 2008

Nadine J Wanucha
Notary Public