L07000093172

(Requestor's Name)		
	(Address)	
(Address)		
	(City/State/Zip/Phone #)	
PICK-UP	P WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special instructions	to Filing Officer	
Special Instructions to Filing Officer:		

Office Use Only



100136788661

RECEIVED

08 0CT 31 MID: 46

08 0CT 31 MID: 46

B. KOHR

NOV - 5 2008

EXAMINER

OR OCT 31 PM 2: 45



ACCOUNT NO. : 072100000032

REFERENCE: 776825 7607646

AUTHORIZATION

COST LIMIT

ORDER DATE: October 30, 2008

ORDER TIME : 5:25 PM

ORDER NO. : 776825-005

CUSTOMER NO: 7607646

DOMESTIC AMENDMENT FILING

NAME: FOREVER CARE LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT ____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER'S INITIALS:



RECEIVED

08 NOV -5 AM 10: 43

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPURATIONS TALL AHASSEE, FLORIDA

November 4, 2008

TROY TODD CSC TALLAHASSEE, FL

SUBJECT: FOREVER CARE LLC Ref. Number: L07000093172

Please give original

submission date as file date.

We have received your document for FOREVER CARE LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

We currently show a "Melodie Edwards" as the MANAGING MEMBER of this company. On Page 2, you list "Melodie Hays" as the MANAGING MEMBER Are we to change the name "Edwards" to "Hays", or are there going to be two individuals named "Melodie" in the company. Please clarify.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 308A00056076

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOREVER	CARE LLC	
(<u>Name of the Limited Liabli</u> (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on 9/12/07	and assigned
Florida document number <u>L07000093172</u>	MANAGEMENT &	
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the li	mited liability company here:	
MELODIE'S PLACE LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords 'Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		080
(Principal office address MUST BE A STREET ADD	PRESS)	37
	the state of the s	田田田
Enter new mailing address, if applicable:		77 (72
(Mailing address MAY BE A POST OFFICE BOX)		98 5
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(0)	
	(Enter Flori	da 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 608, 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)

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action Title Name Address MELODIE A. HAYS mgrm Remove MGRM Melodie A. Edwards / Add Remove Remove Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 10130 Dated

Page 2 of 2

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00