L07000106511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

OCT 31 2011

EXAMINER

Office Use Only

700212218697

10/28/11--01007--025 **30.00

FILED

2011 OCT 28 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L07000106511

10/24/11

To whom it may concern,

Please amend my current business, Banga & Comighod AFCH, LLC (L07000106511). The new name will be Family Comfort Home Assisted Living Facility LLC. The fee is included with the amendment form filled up.

Thank You,

Evangelin Comighod, Owner

Ranjoe Banga, Co-Owner

1529 Clark St

Clearwater, FL 33755

727-422-8793

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Family Comfort Home Assisted Living Facility
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:

Evangelin Comighod
Name of Person

Family Comfort Home Assisted Living Facility LLC
Firm/Company

1529 Clark Street
Address

Clearwater, FL 33755
City/State and Zip Code

gelinecomighod@aol.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Evangelin Comighod at (727) 422-8793
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Banga + Comiahod AFCH LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 29, 2011 and assigned Florida document number L07000106511

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Family Comfort Home Assisted Living Facility LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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2011 OCT 28 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

_____, **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

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

Title	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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2011 OCT 28 PM 12:
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 10-24-2011

Evangelin Comighod
Signature of a member or authorized representative of a member

EVANGELIN COMIGHOD
Typed or printed name of signee

Filing Fee: $25.00