

L070000106511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

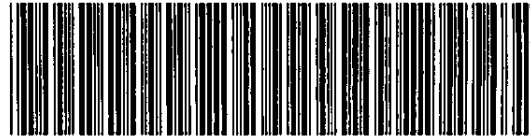
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04/30/13--01029--016 **43.75

2013 MAY 17 AM 9:00
FILED
FBI PHOENIX

2013 MAY 17 AM 9:00

FILED

J. SAULSBERRY
EXAMINER
MAY 20 2013

4/26/2013
Money Order #
17212763935
\$43.75

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FAMILY COMFORT HOME ASSISTED LIVING FACILITY LLC
DOCUMENT NUMBER: L07000106511

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EVANGELIN COMIGHOD

Name of Contact Person

EVANGELIN'S AFCH, LLC

Firm/ Company

1529 CLARK ST.

Address

CLEARWATER, FL 33755

City/ State and Zip Code

gelinecomighod@aol.com

E-mail address: (to be used for future annual report notification)

FILED
2013 MAY 17 AM 9:00
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Evangelin Comighod

Name of Contact Person

at (727) 422-8793

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Family Comfort Home Assisted Living Facility LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

N/A

N/A

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED
2015 MAY 17 AM 9:00
CLERK OF DISTRICT COURT
JULIA A. HARRIS, CLERK

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

Dated _____, _____.

Evangelin Comighod

Signature of a member or authorized representative of a member

EVANGELIN COMIGHOD

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

*paid
4/26/2013
\$43.75*

CLERK OF SUPERIOR COURT
JULIA M. BROWN

2013 MAY 17 AM 9:00

FILED