## L07000106511

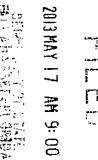
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J. SAULSBERRY EXAMMER MAY 20 2013.

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FAMILY	COMFORT HOM	TE ASSISTED LI	VING FA	CILITY LLI
DOCUMENT NUMBER: <u>LO70001</u>	06511			•
The enclosed Articles of Amendment and fee are s	submitted for filing.	٠.		
Please return all correspondence concerning this m	natter to the following:		•	
EVANGEL	Name of Contact Person	HOD		
	Name of Contact Person	1		
	IN'S AFCH		<del></del>	
1529 CLAR	K ST.		<u> </u>	
CLEARWAT	Address  FL 33  City/ State and Zip Code		2013 MAY 17	-
Gelincomic E-mail address: (to be-	ghod a ole assed for future annual report	notification)	MA 9: 00	
For further information concerning this matter, ple	ase call:		· 💯	
EVangelin Comighod Name of Contact Person			<del>93</del> Number	
Enclosed is a check for the following amount mad	e payable to the Florida Depa	artment of State:		•
\$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address	Street	Address		

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Home Assisted Living Facility LLC The Articles of Organization for this Limited Liability Company were filed on 4/18/2013 and assigned Florida document number 10700106.511 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Evangelin's AFCH, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: NA (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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Alk

MGR = Manager

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:

MGRM = Managing Member Title <u>Name</u> Address **Type of Action** Remove Remove بې Remove Remove Remove

mending a	any other information, enter change(s) here: (Attach additional sheets, if necessary
	······································
	avangelin Comighod
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  EVANGELIN COMNGHOD  Typed or printed name of signee
<del></del>	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

paid #>ce/>013 #43.75

2013 MAY 17 AM 9: 00