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S. WARREN AUG 1 8 2017

COVER LETTER

то:	Registration Sec Division of Corp			
CUBIC		ga Adult Family Care, LLC		
SUBJEC	UI:	Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		Christiana Raphael		
			Name of Person	
		Alpha Omega Adult Famil	ly Care, LLC	
		18574 SW55	h - Firm/Company	
		—18674 SW 55th Street	90	
			Address	
		Miramar, Florida 33029		
		belmilot E-mail address: (1	City/State and Zip Code Com Cost - n Et to be used for future annual report notifica	ution)
For furth	er information co	ncerning this matter, please ca	all:	
Christia	na Raphael		954 704-3940 at () Area Code Daytime To	
	Name of	Person	Area Code Daytime To	elephone Number
Enclosed	l is a check for the	e following amount:		
\$25.0	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
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alpha Omega Adult Family Care, LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our recor orida Limited Liability Company)	ds.)
he Articles of Organization for this Limited Liabilit lorida document number L08000001239	ty Company were filed on 2008	and assigned
this amendment is submitted to amend the following	o.	
. If amending name, enter the new name of the l	limited liability company here:	
Alpha & Omega Adult Family Care, LLC		
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
	DRFSS)	
<u>Principal office address MUST BE A STREET AD</u>	TATE DO T	
<u>Principal office address MUST BE A STREET AD</u>		
<u>Principal office address MUST BE A STREET AD</u>		
Principal office address MUST BE A STREET AD Inter new mailing address, if applicable:		
Inter new mailing address, if applicable:		
-		
nter new mailing address, if applicable:		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or re	egistered office address on our record	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u> . If amending the registered agent and/or re	egistered office address on our record	
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) . If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:	egistered office address on our record	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our record	s, enter the name of the
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:	egistered office address on our recordeddress here: Enter Florida street addre	s, enter the name of the

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			Remove
			Change
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ective date, if other than the date	e of filing:	(optional)
reflective date is listed, the date must be s te: If the date inserted in this block of	specific and cannot be prior to date of filing or more than 9 does not meet the applicable statutory filing require	0 days after filing.) Pursuant to 605.020 ments, this date will not be listed a
cument's effective date on the Depart	tment of State's records.	
record specifies a delayed eff he 90th day after the record	fective date, but not an effective time, at	12:01 a.m. on the earlier of
ne sour day after the record	is med.	
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Thursday, August 8		
ed	·	22 7
Thursday, August 8	Raphael	17 AU
Christiana	Bashall authorized representative of a mem	17 AU ber
Christiana	aturg of a member or authorized representative of a mem	

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