

LD910000000258

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(City/State/Zip/Phone #)

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(Document Number)

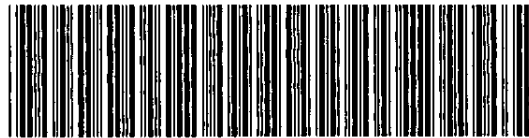
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The P.L. Firm, LLC  
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:

Princella Lewis  
Name of Person

The P.L. Firm  
Firm/Company

5701 NW 28th Ave. Ste 340  
Address

Tamarae, FL 33321  
City/State and Zip Code

thep.lfirm@plseniorcare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Princella Lewis at (954) 315-1785  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2013

PRINCELLA LEWIS  
5701 NW 88TH AVENUE, STE. 340  
TAMARAC, FL 33321

SUBJECT: PRESTIGIOUS LIFECARE FOR SENIORS LLC  
Ref. Number: L09000000258

We have received your document for PRESTIGIOUS LIFECARE FOR SENIORS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on January 7, 2013.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 713A00002493

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

The P.L. Firm 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 January 2, 2009 and assigned Florida document number LO9000000258

This amendment is submitted to amend the following:

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

Prestigious LifeCare for Seniors  
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

5701 NW 88<sup>th</sup> Ave.  
Ste 340  
TAMAMAC, FL 33321

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

5701 NW 88<sup>th</sup> Ave.  
Ste 340  
TAMAMAC, FL 33321

**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

