L09000019655

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B. BOSTICK
MAR 1 4 2011

EXAMINER

COVER LETTER

TO:	Registration S Division of Co							
CHR II	rot.	Sr	pell's LLC					
Name of Limited Liability Company								
		Amendment and fee(s) are sultondence concerning this matter	_					
Karl A. Spellman Name of Person								
Access Care Adult Living Facility, LLC Firm/Company								
	15350 Amberly Drive #2914 Address							
	Tampa, Florida 33647			IT MAR I I PM 3: 40 EURLIANT OF STATE LLAHASSEE, FLORID				
	City/State and Zip Code spell_911@yahoo.com							
For fu	rther information	E-mail address: (concerning this matter, please (to be used for future annual report notificati	PH 3: 40 EF, FLORIDA				
		rl A. Spellman	at (813) 33 Area Code & Daytime Te	3-3101 lephone Number				
	ed is a check for 5.00 Filing Fee	the following amount: \$\sumsymbol{J}\$30.00 Filing Fee & Certificate of Status	S55.00 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		tration Section on of Corporations 30x 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spell's	, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now app Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL09000019655	were filed on _	February 26, 2009	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company l	here:		
Access Care Adult L	iving Facility,	LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Con	npany," the designation "LL	C" or the al	obreviation
Enter new principal offices address, if applicable:	30946 Burl	eigh Drive		
(Principal office address MUST BE A STREET ADDRESS)	Wesley Ch	apel, Florida 33543		
			-1 ≧ €/	
		,		
Enter new mailing address, if applicable:			75	- 1
(Mailing address MAY BE A POST OFFICE BOX)				- Tables
	<u></u>			
B. If amending the registered agent and/or registered of			ဋ္ဌ မှ	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	Mice address or <u>e</u> :	n our records, enter the	name of	the new
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

<u>Title</u>	Name	Address	Type of Action
MGR	Toykia M. Keyes, MBA	30946 Burleigh Drive Wesley Chanel, Florida 33543	Add Remove
			Add Remove
			Add Remove
	4-1		Add Remove
-			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	- B
			FIL 11 HAR II EURLIASSE
			PM 3: 40
Dated	Kal a.	Solly	_
	<i>'</i>	er or authorized representative of a member Karl A. Spellman	
	Tvo	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00