L09000019655

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2011 JUN 17 AM IO: 48
SECHE PARKY SE STATE
TAIN AHASSEE, FLORIO

Jun 20, 2011 EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2011

KARL A. SPELLMAN ACCESS CARE ASSISTED LIVING FACILITY 30946 BURLEIGH DRIVE WESLEY CHAPEL, FL 33543

SUBJECT: ACCESS CARE ADULT LIVING FACILITY, LLC

Ref. Number: L09000019655

We have received your document for ACCESS CARE ADULT LIVING FACILITY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill out the second page of the amendment, with a signature of the authorized representitive.

Please return the corrected original and one copy of 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) 245-6047.

Letter Number: 711A00011526

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

Registration Section **Division of Corporations** SUBJECT: Access Care Assisted Living Facility of Wesley Chapel, 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: Karl A. Spellman Name of Person Access Care Assisted Living Facility of Wesley Chapel, LLC Firm/Company 30946 Burleigh Drive Address Wesley Chapel, Florida 33543 City/State and Zip Code karl.spellman@accesscarealf.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karl A. Spellman 907-2424 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$55.00 Filing Fee & \$60.00 Filing Fee, \$25.00 Filing Fee **▼**\$30.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

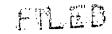
Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2011 JUN 17 AM 10: 48

Access Control (Name of the Limited Li	are Adult Living Facilitability Company as it now apperorida Limited Liability Company)	y, LLC SCURLIARY U. STATE ars on our recolds AHASSEE, FLORIDA	
The Articles of Organization for this Limited Liab Florida document numberL0900001965	· · · · —	March 11, 2011 and assigned	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company he	ere:	
Access Care Assiste	ed Living Facility of Wesle	y Chapel, LLC	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation	on
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on	our records, enter the name of the ne	<u>w</u>
registered agent and/or the new registered orne	e address nere:		
Name of New Registered Agent:			
New Registered Office Address:	7.	nter Florida street address	
-	City	, Florida 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 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: L09000019655 MGR = Manager MGRM = Managing Member **Title** Name <u>Address</u> **Type of Action** ☐ Add Remove ☐ Add Remove ☐ Add Remove Remove $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00