

W09000097999

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

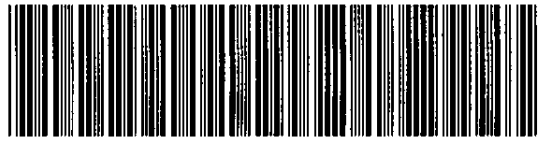
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
**A. LUNT**  
NOV 13 2009  
**EXAMINER**

Office Use Only



600162608736

11/09/09--01022--023 \*\*30.00

**FILED**  
2009 NOV 12 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

11-5-2009

I have sent you a change in information for my LLC.

There was a misspelling of the Name of the LLC,  
which is noted for correction "Senior Health Care  
Solutions LLC" should be "Senior Health Care  
Solutions LLC"

There is also a change in Name of Person and  
Registered Agent, on the current registration it is  
"Skipper Bond" which is my nickname, my legal name  
is "Victoria A. Bond"  
So I have made changes on the form for that as well.

Thank you



Victoria A Bond (Skipper Bond)

Please send me Certificate of Status once changes  
have been made, I have included a check for \$30.00

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Senior Health Care Solutions 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:

~~Victoria A. Bond~~ ~~Victoria A. Bond~~ Victoria A. Bond  
Name of Person

Senior Health Care Solutions  
Firm/Company

7040 Outpost Ln  
Address

Sarasota, FL 34230  
City/State and Zip Code

beachnbay@comcast.net  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Victoria A. Bond ~~Victoria A. Bond~~ at ( 941 ) 920-3373  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Senior Health Care Solutions 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 10/12/2009 and assigned  
Florida document number L09000097999

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

Senior Health Care Solutions LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8374 Market Street 232  
Lakewood Ranch FL 34202

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: Victoria A Bond

New Registered Office Address: 7040 Outpost Lane  
Enter Florida street address

Sarasota ~~FL~~, Florida 34240  
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.

Victoria A Bond  
If Changing Registered Agent, Signature of New Registered Agent

