09000097999

(R	equestor's Name)	
(A-	ddress)	-
(A	ddress)	
(C	ity/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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,	•	•
(D	ocument Number)	
, –	··,	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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	A. LL	JN F
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	EXAMI	NER

Office Use Only



600162608736

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

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 Soultions 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

ictoria Don

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 Se Division of Cor					
SUBJE	CT:	Senior Health	Care Solutions LI	LC		
		Name of Lim	ted Liability Company			
The end	closed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
		Victor Work	Name of Person	Victoria	A. Bon	d
		Seni	or Health Care Soluti	ons		
			Firm/Company			
			7040 Outpost Ln		-1 2	
			Address			
			Sarasota, FL 34230		2009 NOV 12 SLUGE IGRY TALLAHASS	T.
		 	City/State and Zip Code		SSE SSE 12	rines.
		E-mail address: (achnbay@comcast.no to be used for future annual rep	et out fication)	(Y)	T
For furt	her information c	oncerning this matter, please of	·		PM 2: 24 OF STATE E. FLORIDA	U
Victo	ricABond B	ipperBend	at (941)	920-3373		
		f Person	Area Code &	Daytime Telephone Number		
I[A]		ne following amount:	_			
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certified	te of Status &	
	Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	Registratio	Corporations		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Senio	or Health Car	e Soultions L	LC		
(<u>Name of the Limitec</u> (A	Liability Compar	y as it now appears	on our records.)		
(7	A Florida Limited L	iability Company)			
The Articles of Organization for this Limited L	iability Company	were filed on	10/12/2009	Pand assigned	
Florida document numberL0900009	7999			27 2	
This amendment is submitted to amend the following	· ·			12 PH 2: 21	9
A. If amending name, enter the new name of	f the limited liabi	ility company here		95 %	
S	enior Health Ca	are Solutions 🗀	ic	言語・	
The new name must be distinguishable and end wi				1 I C" or the abbrevi	
"L.L.C."	in the words Elim	ica Diability Compai	iy, the designation	DDC of the abbrevia	Ition
Enter new principal offices address, if applie	cable:				
(Principal office address MUST BE A STREE	ET ADDRESS)				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				_
					
Enter new mailing address, if applicable:					
	. DOM	DEMIN V	nachi	<u> </u>	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	0214 /	INVERES	Spract .	コンム
		LAKOW	DOU KAN	Street of	347,
		,,			- / 20
B. If amending the registered agent and	or registered of	fice address on o	ur records, enter	the name of the	new
registered agent and/or the new registered o			<u> </u>		<u></u>
		•			
	161.	A	,		
Name of New Registered Agent:	Victoria	a H Ison	<u>d</u>	· · · · · · · · · · · · · · · · · · ·	_
	70400	1 .11			
New Registered Office Address:	704000	ITPOST LA	NE.		_
		Ente	er Florida street ad	dress	
	Saraca	ta Ele	Florida	ldress 34240 Zip Code	-
	<u> </u>	City	, Fiorida	Zin Code	_
		<i>,</i>		Dip Couc	

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.

Il Changing Registered Agent, Signature of New Registered Agent

' If amending or Managin	the Managers or Managing Members og Member being added or removed from	on our records, <u>enter the title, name, and additour records</u> :	ess of each Manager
MGR = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MERN	Stepper Bond	JOYO DULL POST HAVE SARANOTA DE ZYNY	Add ⊘ 17 Be move
MERM	n Victoria A Bow	Joyo Outpost hame SARASOFA FL 34241	Add Remove
			Adols Remove
			AHASSI Adio
			SAMADA CL
			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			_
			_
Dated	4 plus . 200	<u>5</u> .	_
	Victoria R Bond Typed o	or authorized representative of a member	
	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00