

LO9000099353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

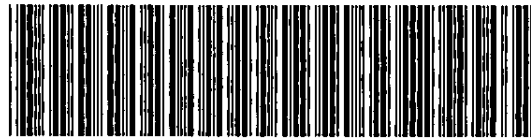
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

627



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2013

OPAL BRADSHAW-JACKSON
9360 NW 20TH ST
PEMBROKE PINES, FL 33024

SUBJECT: CONTINUAL CARE FACILITY LLC
Ref. Number: L09000099353

We have received your document for CONTINUAL CARE FACILITY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 713A00023343

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONTINUAL CARE FACILITY
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:

OPAL BRADSHAW-JACKSON
Name of Person

CONTINUAL CARE FACILITY
Firm/Company

9360 NW 20th Street
Address

PEMBROKE PINES FL 33024
City/State and Zip Code

OBRADSHAW7539@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OPAL BRADSHAW-JACKSON at (954) 243 3936
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

CONTINUAL CARE FACILITY

(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 Oct 14th 2009 and assigned Florida document number LO9000099353.

This amendment is submitted to amend the following:

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

NA

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)

NA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

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:

NA OPAL BRADSHAW - JACKSON

New Registered Office Address:

4360 NW 20th ST

Enter Florida street address

PEMBROKE PINES

Florida 33024

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.

Opal Bradshaw-Jackson
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MELISSA JACKSON	9360 NW 20 th ST	<input type="checkbox"/> Add
		PEMBROKE PINES	<input checked="" type="checkbox"/> Remove
		FL 33024	
PRES	OPAL JACKSON	9360 NW 20 th ST	<input type="checkbox"/> Add
		PEMBROKE PINES	<input checked="" type="checkbox"/> Remove
		FL 33024	
PRES	OPAL BRADSHAW-JACKSON	9360 NW 20 th ST	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES	<input type="checkbox"/> Remove
		FL 33024	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

13 OCT 1998
3:42
SUN
FALL ANNUAL MEETING
FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NA

Dated 10-23-2012.

Opal Bradshaw - Jackson

Signature of a member or authorized representative of a member

OPAL BRADSHAW - JACKSON

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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