

LI 000000 18698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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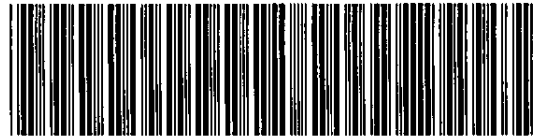
(Business Entity Name)

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TALLAHASSEE, FLORIDA

T. CLINE

OCT - 1 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Families come First, 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:

Jessica Borst
Name of Person

Families come First, LLC
Firm/Company

220 S Pine Ave
Address

INverness FL 34452
City/State and Zip Code

Jessica@fcfSeniorcare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Borst at (352) 419-6508
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

2012 SEP 28 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Families come First, 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 February 19, 2010 and assigned Florida document number L10000018698.

This amendment is submitted to amend the following:

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

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)

220 S Pine Ave

INverness FL 34452

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

220 S Pine Ave

INverness FL 34452

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:

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRm	Robert Bedell, MD	891 River Trail Indian River Shores, FL 32963	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRm	Jessica Borsje	2180 E New Haven St INverness FL 34453	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRm	Melissa McCabe	702 Champlain Ave INverness, FL 34452	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Melissa McCabe has been Removed for cause. She is no longer Participate as a managing member.

Dated 9/26, 2012.

Jessica Borsje
Signature of a member or authorized representative of a member
Jessica Borsje
Typed or printed name of signee