## 110000018698

(Req	uestor's Name)	······································
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2013 DEC -6 AM 8: 37

**DEC 1 0 2013** 

T. HAMPTON

## COVER LETTER

TO: Registration Section
Division of Corporations

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:

Janice E. Smith

Name of Person

Families Come First, LLC

Firm/Company

202 S. Pine Ave.

Address

Inverness, FL 34452

City/State and Zip Code

janice@fcfseniorcare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam A. Czaya, Esq.

352 795-0404

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fce

□\$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

Families Come First, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(//	TIONGS CHINICO CIG	omy company,	
The Articles of Organization for this Limited Li	ability Company w	vere filed on February 18, 2010	and assigned
Florida document number L10000018698			
This amendment is submitted to amend the following	owing:		2013 DEC -6 SECRETAR TALLAHASS
A. If amending name, enter the new name of	the limited liabili	ty company here:	AST AS
The new name must be distinguishable and end wit "L.L.C."  Enter new principal offices address, if applic	h the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applic	able:		77 – 10 – 1
(Principal office address MUST BE A STREE			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent:	or registered offic	nith	name of the new
New Registered Office Address:	202 S. Pine /	AVO.  Enter Florida street address	
	Inverness	, Florida 34452	
		City Zi	ip Code
New Registered Agent's Signature, if changing F	Registered Agent:		
I hereby accept the appointment as registered the provisions of all statutes relative to the paccept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company has been notified in writing of the second company has been notified in writing of this company has been notified in writing of this company has been notified in writing of this company has been notified in writing of the second company has been notified in writing of the second company has been notified in writing of the second company has been notified in writing of the second company has been notified in writing of the second company has been notified in writing of the second company has been notified in writing of the second company has been notified in writing of the second company has been notified in writing of the second company has been notified in writing of the second company has been notified in writing of the second company has been notified in writing of the second company has been notified in writing of the second company has been notified in writing of the second company has been notified in writing of the second company has been notified in writing the second	roper and comple stered agent as pr registered office a change.	te performance of my duties, and I am fa ovided for in Chapter 608, F.S. Or, if the ddress, I hereby confirm that the limited ing Registered Agent, Signature of New Register	amiliar with and is document is I liability

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>	Address T	Type of Action	
MGRM	Deborah A. Bedell	15 West Sea Colony Dr.	Add	
		Indian River Shores, FL 32963	Remove	
MGRM	Janice E. Smith	220 S. Pine Ave.	_ 🕢 Add	
		Inverness, FL 34452	Remove	
			- Add	
			Remove	
·,,,,			SECRETALIANDEC	i
			ARYTH STATE	
			Add	
			Remove	
			Add	
			Remove	

Ifame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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_	
ed	
	Debarah a Bedeel
	Signature of a member or authorized representative of a member
	Deborah A. Bedell
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
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