

L 10000019975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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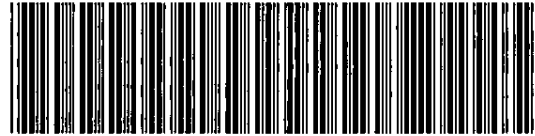
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 13 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hanna House of Care
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:

Tamara Watkins-Small
Name of Person

Hanna House of Care, LLC
Firm/Company

1304 Kellogg Dr
Address

Tallahassee FL 32378
City/State and Zip Code

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

For further information concerning this matter, please call:

Tamara Watkins-Small at (352) 588-5344
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

FILED
11 DEC 12 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HANNA HOUSE OF CARE, 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 2/22/2010 and assigned
Florida document number L10000019975

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)

26737 2637 SW 175th Loop
Ocala FL 34473

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2637 SW 175th Loop
Ocala FL 34473

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:

Kimberly A. Watkins

New Registered Office Address:

2637 SW 175th Loop

Enter Florida street address

Ocala

, Florida

34473

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.

Kimberly A. Watkins
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>
MGR	Tamara Watkins-Snell	1304 Kellogg Dr Tallahassee FL 32318	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Kimberly A Watkins	2637 SW 17th Loop Ocala FL 34473	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jennifer Sewell	2637 SW 17th Loop Ocala FL 34473	<input checked="" 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.)

Dated December 7, 2011.

Kimberly A Watkins
Signature of a member or authorized representative of a member
Kimberly A. Watkins
Typed or printed name of signee