#L 1000024934

(Re	questor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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AND AND ASSETS FILORIDA

K.SALY EXAMINER NOV - 6: 2012



October 23, 2012

FIRST CHOICE ADULT DAYCARE AND HOME HEALTH CARE SERVICE SUZETTE DENISE MILEY-PEARSON 5336 QUAN DR. JACKSONVILLE, FL 32205

SUBJECT: FIRST CHOICE ADULT DAYCARE AND HOME HEALTH CARE

SERVICES, LLC

Ref. Number: L10000024934

We have received your document for FIRST CHOICE ADULT DAYCARE AND HOME HEALTH CARE SERVICES, LLC and your check(s) totaling \$30.00. 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.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 912A00025990

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: First Cho		and Home Health Care S ted Liability Company	Services _e
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Suze	tte Denise Miley-Pearson	
		Name of Person	
	First Choice Adult Da	aycare and Home Health Car	e Services
		Firm/Company	
		5336 Quan Drive	
		Address	
	Jac	ksonville, Florida 32205	
		City/State and Zip Code	
	mrsp	earsonhere@gmail.com	
	E-mail address: (to be used for future annual report notifical	tion)
For further information co	oncerning this matter, please of	call:	
Suze	ette Pearson	at (904) 5.	252918
Name of		Arca Code & Daytime T	
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)

MAILING ADDRESS:

11-3-6-5

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' 12 OCT 22 PM 2: 19

First Choice Adult Daycare and Home Health Care Services, LLCEE, FLORIDA (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	March 4 2010	and assigned
Florida document numberL10000024934			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	re:	
0 2 Sit Sitters and C	Companions,LL	.C	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Comp	any," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicable:	5336 Quan [Drive	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville,	Florida 32205	
		·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on e	our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Er	nter Florida street addr	ess
		, 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 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:

<u>itle</u>	<u>Name</u>	Address	Type of Action
MGR_	Suzette Pearson	5336 Quan Drive Jacksonville, Florida 32205	Add Remove
			Add Remove
 			Add Remove
			Add Remove
			Add Remove
			Add Remove
). If amen	ding any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)	
_			- -
_			
Dated	October 04	2012	

Page 2 of 2

Filing Fee: \$25.00