

100000 83457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

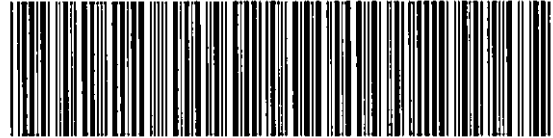
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

4/21/20 called
per Rupert Claxton go ahead and file

Office Use Only



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2020 APR 21 PM 3:01

O SIMMONS

APR 21 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2020

RUPERT CLAXTON
PO BOX 500113
MALABAR, FL 32950

SUBJECT: R AND C ULTIMATE CARE LLC*****
Ref. Number: L10000083457

We have received your document for R AND C ULTIMATE CARE LLC***** and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

NOTE WAS IN OUR SYSTEM TO NOT FILE AMENDMENT AND RETURN TO SENDER.

Please return 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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 220A00008047

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAND C ULTIMATE CARE 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:

RUPERT J CLAXTON
Name of Person

RAND C ULTIMATE CARE LLC
Firm/Company

P.O. Box 500113
Address

MALABAR FL 32950
City/State and Zip Code

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

For further information concerning this matter, please call:

RUPERT J CLAXTON at (321) 604-2105
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

RAND C ULTIMATE 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 August 10, 2010 and assigned
Florida document number L10000083457

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

RUPERT J CLAXTON

New Registered Office Address:

2660 Westside Ave S.E.

Enter Florida street address

PAIM BAY

City

Florida

32909

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 605, 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.

RSICS

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Camille A Claxton	577 Trymore DR S.E.	<input type="checkbox"/> Add
		Palm Bay FL 32909	<input checked="" type="checkbox"/> Remove
		OR	<input type="checkbox"/> Change
		2660 Westside Ave S.E.	<input type="checkbox"/> Add
		Palm Bay FL 32909	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

PLEASE "Flag" For ANY UNAUTHORIZED CHANGES ON-LINE. REQUESTS
CLAXTON MUST BE NOTIFIED BEFORE ANY CHANGES
ARE MADE.

2020 APR 21 PM 3:02

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

Please be Advised that ^{2020 APR 02} ~~RANDY G.~~ Ultimate Care LLC is owned 50% Rupert J. Claxton AND 50% Cecilia V Claxton. Camille has title AS ^{CLAXTON} business manager AND Neither she or Cecilia has the Authority TO Remove My NAME From this Business. IT IS UNFORTUNATE THAT SOMETHING AS TO this NATURE has Occured. My Attorneys have Full Knowledge AS TO what has happened AND it will be dealt with through the Legal Channels. Please Amend immediately AND provide the Necessary documents based ON my \$60 Filing Fee. Your Co-operation is GREATLY Appreciated.

E. Effective date, if other than the date of filing: November 20, 2019 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____, _____.

RSJCS

Signature of a member or authorized representative of a member

RUPERT J CLAXTON

Typed or printed name of signee