

**#L11000095874**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

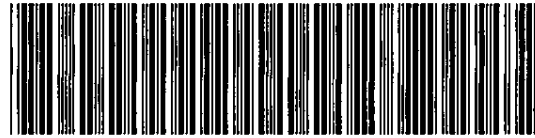
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/17/12--01016--021 \*\*55.00

FILED  
12 APR 17 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
APR 18 2012

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADKINS FAMILY CARE HOME 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:

YVONNE R. HALL

Name of Person

HEARTS THAT CARE FAMILY SERVICES LLC

Firm/Company

P O BOX 971

Address

OLDSMAR, FL 34677

City/State and Zip Code

heartsthatcare\_pinellas@yahoo.com

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

For further information concerning this matter, please call:

YVONNE R. HALL

Name of Person

at ( 352 )

438-9242

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**

**ADKINS FAMILY CARE HOME LLC**

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

FILED  
12 APR 17 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/22/2011 and assigned  
Florida document number L11000095874.

This amendment is submitted to amend the following:

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

HEARTS THAT CARE FAMILY SERVICES LLC

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)**

6706 GLEN FOREST COURT

TAMPA, FL 33615

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P O BOX 971

OLDSMAR, FL 34677

**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:

YVONNE R HALL

New Registered Office Address:

6706 GLEN FOREST COURT

*Enter Florida street address*

TAMPA

, Florida

33615

*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	YVONNE R HALL	6706 GLEN FOREST CT TAMPA, FL 33615	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	YVONNE S ADKINS	15595 NW 27TH AVE CITRA, FL 32113	<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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated April 13, 2012

Yvonne R. Hall  
Signature of a member or authorized representative of a member

Yvonne R. Hall  
Typed or printed name of signee