# 1100011102

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Certified Copie	es	_ Certificate	es of Status	_

Special Instructions to Filing Officer:

L. SELLERS

OCT 18 2011

**EXAMINER** 

Office Use Only



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SEGRETARY OF STATE

## · COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BOY WOOD Noteholders, 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:
Stephanic Papulis
Senior Care Group, Inc.
1240 Marbella Plaza Drive
Tampa, FL 33619 City/State and Zip Code
Soundwiscoss: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephanie Papoulis at (813 341 2700  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$\sum_{25.00}\$ \text{Filing Fee} \sum_{30.00}\$ \text{Filing Fee} & \sum_{55.00}\$ \text{Filing Fee} & \sum_{50.00}\$ \text{Filing Fee},
Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  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

The Articles of Organization for this Limited Liability Company were filed on Florida document number L11000111102 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) 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: New Registered Office Address: Enter Florida street add City

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGH</u> M	Probert Surtees	6475 Holland Drive Cumming 1 GA COMMING 1 GOOTL US	Add Remove
m <u>Gh</u> m	Sheree Watson	736 Moretz Court Hickory, NC 28601	Add Remove
			Add Remove
			Add Remove 
<u>.</u>			Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	Add Remove
			<del>-</del> -
Dated	October II, at	)	_
-	Stephanie	or authorized representative of a member  Chief L  or printed name of signee  Page 2 of 2  ling Fee: \$25.00  Sewind Care	ecal for Sale nber, e Group Inc.