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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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JUL 2 J. PATE

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

Giles Grove Care	LLC
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were Florida document number	e filed on April 5, 2014 and assigned
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 mores Limited Liability (• •
Enter new principal offices address, if applicable:	232 Bentley DAKS Blud (sun)
(Principal office address MUST BE A STREET ADDRESS)	Auburndale, FL. 33823 (Sam)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 639 (sure) Auburndale, FL. 33823
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: NW	address on our records, enter the name of the new
Name of New Registered Agent:	ark Giles & Col
New Registered Office Address: 232 Be	Men OAM Blvdin 5 Enter Florida street address Alle Florida 33823
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name **Address** Type of Action Mark Giles 232 Bentley OAKS BIND Add (Sure) Auburndale, FL. 33823 - Remove _□ Add _□ Remove ☐ Add ☐ Remove ☐ Add 08 ☐ Remove □ Add □ Remove

.M.

D. If at	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	None
(The e	ctive date, if other than the date of filing: (optional) (flective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State)
Date	d 07/14/2014.
	Signature of a member or authorized representative of a member
	Mark Giles
	Typed or printed name of signee

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MIN JUL 18 PH 12: 08