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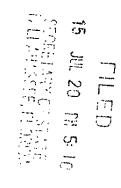
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JUL 21 2015 S. YOUNG

COVER LETTER

TO: Registration Division of C	Section () Corporations	,	
SUBJECT:	Senior M Name of Lim	anagement Emplo	yment, LLC
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
		Jon D. Malone	
	Senion	Jon D. Malone Name of Person Management En Firm/Company	relayment, LC
	235 U	U. Brandon Blvd, Address	Ste 133
	Bra	udon, FL 3351 City/State and Zip Code	20 R
	E-mail address: (City/State and Zip Code Sme-Corporation to be used for future annual report notif	ication)
For further information	n concerning this matter, please c	all:	, "
Jon	Malone	at (813) 394 - 6 Area Code Daytime	9825
Nam	e of Person	Area Code Daytime	: Telephone Number
Enclosed is a check fo	r 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

Senor Manage (Name of the Limited Liability (A Florida	ement Employme Company as it now appears on o imited Liability Company)	nt UC ur records.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L1200028341</u>	, , , , , , , , , , , , , , , , , , ,	ary 28, 2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designat	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	<u> </u>
		90 2 T
		F- 3 3 3
Enter new mailing address, if applicable:		201
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida str	eet address
		, 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 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

or removed from our records: MGR = Manager AMBR = Authorized Member **Title** Name 1 **Address Type of Action** Jeffry W. Wagner □ Add 3001 N. Rocky Point Dr East, Tampa, FL De Remove 33607 ☐ Change Jon D. Melone 3001 N. Rocky Point Dr. East, Tampa, FL XAdd 33607 □ Remove ☐ Change □ Add ____□ Ghange ∏ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

□ Change

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		Augus	st 1, 2019	_	
ective date, if other than n effective date is listed, the date	the date of filing: must be specific and ca	nnot be prior to cate o	filing or more than 9	· (optional) 0 days after filing.) Purs	uant to 605.
te: If the date inserted in the	is block does not mee	t the applicable star	utory filing require	ments, this date will r	ot be liste
cument's effective date on the	ie Department of Stat	e's records.			
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record specifies a dela The 90th day after the	yed effective dat	e, but not an e	fective time, at	12:01 a.m.;on th	ne earlie
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	Signature of a rec	Wulage mber or authorized re	ney presentative of a mem	her Same	<u>्र</u> जाः जाः

Page 3 of 3

Filing Fee: \$25.00