

L12000042116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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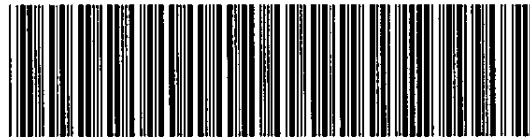
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
J. Stivers DEC 24 2014

2544



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2014

DAVID BEALE
301 W ATLANTIC AVE SUITE 0-5
DELRAY BEACH, FL 33444

SUBJECT: BANDON LLC
Ref. Number: L12000042110

We have received your document for BANDON LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00025582

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WHITSYMS HOME HEALTH OF BROWARD 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:

DAVID A. BEALE

Name of Person

DAVID A. BEALE, P.A.

Firm/Company

301 W. ATLANTIC AVENUE, SUITE 0-5

Address

DELRAY BEACH, FL 33444

City/State and Zip Code

DAVID@BEALELAW.NET

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

For further information concerning this matter, please call:

DAVID A. BEALE

561 243-1477

Name of Person

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**

WHITSYMS HOME HEALTH OF BROWARD 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 3/26/2012 and assigned Florida document number L12000042110.

This amendment is submitted to amend the following:

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

BEVANDON LIMITED 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)

C/O DAVID A. BEALE, P.A.

301 W. ATLANTIC AVENUE, SUITE 0-5

DELRAY BEACH, FL 33444

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O DAVID A. BEALE, P.A.

301 W. ATLANTIC AVENUE, SUITE 0-5

DELRAY BEACH, FL 33444

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:

301 W. ATLANTIC AVENUE, SUITE 0-5

Enter Florida street address

DELRAY BEACH, FL

City

, Florida

33444

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

MGR = Manager
AMBR = Authorized Member

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☐ Remove
☐ Add

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 17, 2014



Signature of a member or authorized representative of a member

DONOVAN ANDERSON

Typed or printed name of signee

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TALLAHASSEE, FLORIDA