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D SCOTT Jun 2 0 2019

## **COVER LETTER**

Registration Section Division of Corporations TO:

SUBJECT:	Florida Adoption Center,	LLC	
30bjec1	Name of Limi	ited Liability Company	
	f Amendment and fee(s) are sub- condence concerning this matter	-	
	Carrie R Thomas		
	. Florida Adoption Center, Ll	Name of Person	·
	1600 Samo Road, Suite 8	Firm/Company	<del> </del>
	Melbourne, FL 32935	Address	
	carrie@floridaadoptioncente		
For further information	E-mail address: ( concerning this matter, please ca	to be used for future annual report notifi all:	cation)
Carrie R Thomas	of Person	321 960-2060 at () 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

•	on Center, LLC			
(Name of the Limited Liabili (A Florida	ty Company as it now appear Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability C	Company were filed on	05/17/2012	and assigned	
Florida document numberL12000066541	<u>_</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company ho	ere:		
The new name must be distinguishable and contain the words "Lim	5. 41 5-105 C			
he new name must be distinguishable and contain the words "Lim	iited Liability Company, the d	esignation "LLC or the a	appreviation "L.E.C.	
Enter new principal offices address, if applicable:			<u> </u>	
Principal office address MUST BE A STREET ADDI	RESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)			J	
Muding address MAT BE A POST OFFICE BOX	<del></del>			
		,		
3. If amending the registered agent and/or regis	stered office address on	our records, ente	r the name of th	
registered agent and/or the new registered office add		our records, enter	the name of the	
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Flor	ida street address		
		Pt =' 4		
<del></del>	City	, Florida _	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Andrea Betting		<b>5</b>
		1600 Sarno Road, Suite 8,	□ Add
		Melbourne, FL 32935	■ Remove
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an effective date is lister	er than the date of d, the date must be specif	fic and cannot be prior:	to date of filing or more		filing.) Pu	
	rted in this block does late on the Departmen		ible statutory filing r	equirements, this	daie will	not be listed
			an effective tim	ne, at 12:01 a	.m. on	the earlier
	ici the record is r					
The 90th day aft	//	2019				
e record specifies The 90th day aft  May 16  Pated	//-/	2019	 			

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Typed or printed name of signee

Filing Fee: \$25.00