

L12000092632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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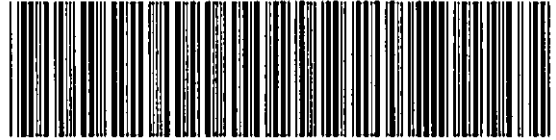
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2021 MAY 04 PM 12:07

JUL 12 2021

R. HUNT

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NICOLE'S FAMILY HOME ALF, 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:

MILEYDIS ESPINO

Name of Person

NICOLE'S FAMILY HOME ALF, LLC

Firm/Company

3700 SW 147 PLACE

Address

MIAMI, FL 33185

City/State and Zip Code

MILY1926@GMAIL.COM

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

For further information concerning this matter, please call:

MILEYDIS ESPINO at ( 305 ) 487-6736  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
**NICOLE'S FAMILY HOME ALF, LLC**  

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(A Florida Limited Liability Company)

The Articles of this Limited Liability Company were filed on June 22<sup>nd</sup> 2012 and assigned Florida document number L12000082632.

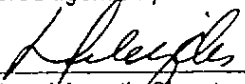
This Amendment is submitted to amend the following:

**A. ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

MILEYDIS ESPINO  
NICOLE'S FAMILY HOME ALF, LLC  
3700 SW 147<sup>th</sup> Place  
Miami, FL 33185

*Having been named as registered agent and to accept service of process for the above stated limited liability company, at the place designated in this certificate, 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 relating 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.*

  
\_\_\_\_\_  
Registered Agent's Signature

**B. ARTICLE V – PERSON(S) AUTHORIZED TO MANAGE THE LLC**

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
<input type="checkbox"/> Change	MGRM	OLGA L. CHAVEZ DIAZ	3700 SW 147 <sup>th</sup> Place
<input checked="" type="checkbox"/> Remove			Miami, FL 33185
<input type="checkbox"/> Add			

**The date of each amendment(s) adoption: MAY 1ST 2021**

**Effective date: MAY 1<sup>ST</sup> 2021**

**Adoption of Amendment**

- ☒ The amendments were adopted by the members. The number of votes cast for the amendments were sufficient for approval.

Dated MAY 1<sup>ST</sup> 2021

Signature  \_\_\_\_\_

Printed Name: OLGA L. CHAVEZ DIAZ  
Title: MGRM/Authorized Member

FILED  
NICOLE'S FAMILY HOME ALF, LLC  
DIVISION OF CORPORATIONS  
2021 MAY 04 PM 12:07