

Division of Corporations

L120000104952

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEW LEAF HOME CARE, LLC

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J. SAULSBERRY
EXAMINER

SEP 20 2012

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Tony Burroughs
DATE	2012-09-19 10:14:53 PDT
RE	FL SOS - LZ order # 504453440

COVER MESSAGE

Tony Burroughs

Business Special Filings - Legal Document Preparation Specialist

LegalZoom.com<<http://www.legalzoom.com/>>
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEW LEAF HOME CARE, 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:

Barbara Dang
(Name of Person)

Legalzoom.com, Inc.
(Firm/Company)

100 W. Broadway Suite 100
(Address)

Glendale, CA 91210
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Dang at (323) 962-8600
(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

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

NEW LEAF HOME CARE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 08/15/2012 and assigned Florida document number L12000104952.

This amendment is submitted to amend the following:

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

Penny's Closet, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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: _____

(Enter Florida street 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR - Manager

MGRM - Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mark A. Tanner	94 Garden Street Santa Rosa Beach, Florida 32459	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 09/19/2012


Signature of a member or authorized representative of a member

GILLIAM, JILL E

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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