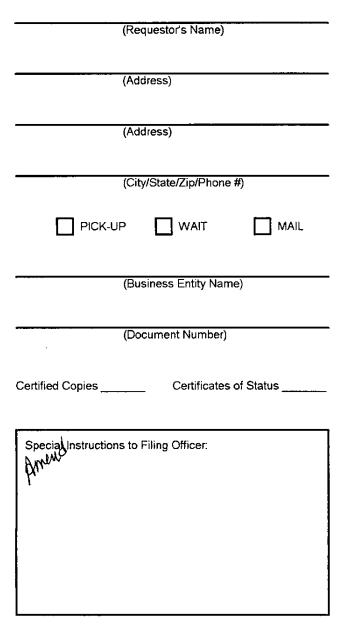
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J. SAULSBERRY EXAMINER SEP 5 2013

## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	Senior One 5 Name of Limit	top Consultants ed Liability Company	22	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Michael	Name of Person		
	- Sonjon (	Case Adusors Firm/Company		
	3621 We	bher 57 Address		
	Sasgnota	FL 3423. City/State and Zip Code	<u> </u>	2013 SEP -3 ANTH: 2
	Michael (1) E-mail address: (t	CK Caregivers one of one used for future annual report notification	ion)	. ပ် 🛴
For further information co	oncerning this matter, please ca	all:	ئېد مي ده ميمو ده ميمو ده	
Michael Name o	Tones Person	at ( <u>9 4//</u> ) <u>92/-47</u> Area Code & Daytime To	247 Elephone Number	: 22
Enclosed is a check for the	ne 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 State Certified Copy (additional copy is	

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

Senjor One J	top Consultants	220			
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our Limited Liability Company)	· records.)			
The Articles of Organization for this Limited Liability	Commonwage flad on 17 )	and assigned			
The Articles of Organization for this Limited Liability	Company were filed on	and assigned			
Florida document number 4/2000/57	<u>87</u> 2				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company here:				
The new name must be distinguishable and end with the wo'L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviatio			
Enter new principal offices address, if applicable:					
<u> Principal office address MUST BE A STREET ADD</u>	PRESS)	7 2			
		- ¼ <del>- ~</del>			
Enter new mailing address, if applicable:		ω			
(Mailing address MAY BE A POST OFFICE BOX)		7			
		AM 11: 22			
	<del>-</del>	22 2			
B. If amending the registered agent and/or regis	stered office address on our reco	ords, enter the name of the nev			
registered agent and/or the new registered office ad	<u>dress here</u> :				
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 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 **Type of Action Title Address** <u>Name</u> 3621 Webler 57 \_\_\_\_\_ Add MGRM Julie Woodard Sasapola, FL 34232 V Remove Remove Remove Remove Remove Remove

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_	
-	
_	August 23 (2013, 2013.
	Mucha Man or
	Signature of a prember or authorized representative of a member
	Signature of a member or authorized representative of a member  Michael C Jones
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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