

L12000157892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



200251272812

09/03/13--01010--002 **25.00

SEP 3 2013
TALLAHASSEE, FL 32309

2013 SEP -3 AM 11:22

FILED

J. SAULSBERRY
EXAMINER

SEP 5 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Senior One Stop Consultants 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:

Michael C Jones
Name of Person

Senior Care Advisors
Firm/Company

3621 Webber ST
Address

Sarasota FL 34232
City/State and Zip Code

michael@CKCaregivers.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Jones at (941) 921-4747
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2013 SEP -3 AM 11:22
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

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

Senior One Stop Consultants 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 12/18/12 and assigned
Florida document number L12000157892

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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	Julie Woodard	3621 Keller St	<input type="checkbox"/> Add
		Gainesville, FL 34232	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SEP 11 2013
STATE OF FLORIDA
AMT: 22

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

Dated August 23 (2013), 2013.

Michael Jones

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

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA