L13000014423

(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:

Office Use Only



100245559621

03/19/13--01021--012 **\$55.00

C. LEWIS MAR 1 9 2013 **EXAMINER**

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	ct: Wisdom	Name of Limited Liab	 Geruices,	LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Latasha Davis Name of Person
Wisdom Adult Day Cave Strices
1197 Glade Ruad Address
Havana, FL 32333
City/State and Zip Code
10, tushad I @ live. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee □\$30.00 Filin

□\$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

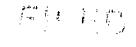
□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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



13 HAR 19 PH 1:53

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000014423</u> .	were filed on 1/29/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1747 HWY 27 North Havana, FL 32333
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1197 Clade Road Havang FL 32333
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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 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 13 MAR 19 PH 1:53 MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action Add Remove Remove Remove

). If an	ending any o	other information, enter change(s) here: (Attach additional sheets*if necessary.)
		13 HAR 19 PH 1:5
		SECRETARY INTO ANY CARD ARTS
ated	3/19	. 2013
		Lature of a member or authorized representative of a member
		Latasha Davis Typed or printed name of signee
		Page 3 of 3
		Filing Fee: \$25.00