

213000091037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 DEC 26 PM 4:49
TALLAHASSEE, FL 32304



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2013

LORIE KOVES
20533 BISCAYNE BLVD. SUITE 4-322
AVENTURA, FL 33180

SUBJECT: ADAPTABLE DAILY LIVING SOLUTIONS LLC.
Ref. Number: L13000091037

We have received your document for ADAPTABLE DAILY LIVING SOLUTIONS LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted a form to change the registered agent/registered office address there for section 5b must be completed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt
Regulatory Specialist II

Letter Number: 213A00025216

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CORPORATION SERVICES
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Adaptable Daily Living Solutions 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:

LORIE KOVES
Name of Person

ADAPTABLE Daily Living Solutions
Firm/Company

20533 Biscayne Blvd Suite 4-322
Address

Aventura, FL 33180
City/State and Zip Code

loriek123@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorie Koves at 954, 646-7256
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FL

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

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

Adaptable Daily Living Solutions 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 6/24/13 and assigned Florida document number L13 0000 91037

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)

20533 Biscayne Blvd Suite 4-322
Aventura, FL 33180

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 DATE 08-01-2013 BY 60322
 UCBAW/STP/STP

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

Dated December 18, 2013.



Signature of a member or authorized representative of a member

LORIE KOVES

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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FILED