

L13000108546

(Requestor's Name)

(Address)

(Address)

W16-23680

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

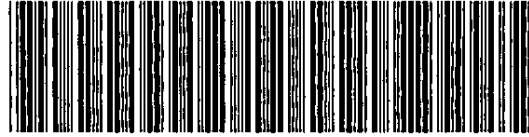
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500282363005

L13-108546

Amend

03/10/16--01005--021 **25.00

FILED
16 MAY -4 AM 10:04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RECEIVED
2016 MAR -9 PM 4:24
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

MAY -5 2016

N. CAUSSEAU

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Grace ALF, 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:

The Grace ALF, LLC
Name of Person

Firm/Company

103 W. Ocean Dr
Address

Boynton Bch, FL 33426
City/State and Zip Code

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

For further information concerning this matter, please call:

Majalie Emilcar at (561) 572-7051
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2016

MAGALIE EMIL CHR
THE GRACE ALF LLC
103 W. OCEAN DRIVE
BOYNTON BEACH, FL 33426

SUBJECT: MAGALIE EMILCAR'S AFCH LLC changing name to THE GRACE
ASSISTED WING FACILITY ALF, LLC
Ref. Number: L13000108546

We have received your document for MAGALIE EMILCAR'S AFCH LLC changing name to THE GRACE ASSISTED WING FACILITY ALF, 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):

It is my understanding that you wish to change the name of your company. I am attaching the correct form to complete for the name change.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 116A00006551



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2016

THE GRACE ALF, LLC
ATTN: MAGALIE EMILCAR
103 WEST OCEAN DRIVE
BOYNTON BEACH, FL 33426

SUBJECT: MAGALIE EMILCAR'S AFCH LLC
Ref. Number: L13000108546

We have received your document for MAGALIE EMILCAR'S AFCH 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 must list the current (old name) and document number in the amendment. On the first line you need to list the current name (old name) of the LLC. On the 3rd line you need to list the document/registration number. SEE RED X's.

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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 416A00008257

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

~~X~~ MAGALIE EMIL CAR'S Adult Family Care Home, 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 1/18/13 and assigned
Florida document number 13000108546

This amendment is submitted to amend the following:

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

The Grace ALF, LLC

The new name must be distinguishable and contain 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)

103 W. Ocean Dr
Boynton Beach, FL 33426

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mafali Emilcar	103 W. Ocean Dr	<input type="checkbox"/> Add
		Boynton Beach, FL	<input type="checkbox"/> Remove
		33426	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

16 MAY - 11 AM EST '01
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

16 MAR -4 AM 10:01
DEPT. OF STATE
TALLAHASSEE, FLORIDA
FILED

E. Effective date, if other than the date of filing: 4/13/16 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 4/13/16, 2016.

MAGALIE EMILCAR
Signature of a member or authorized representative of a member

MAGALIE EMILCAR
Typed or printed name of signee