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SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor		
Elite Care I	Plus, LLC dba Astoria Assisted Living Facility	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ndence concerning this matter to the following:	
	Syed S. Hussain	
	Name of Person	-
	Elite Care Plus, LLC	MTTW SECSE SECSE F
	Firm/Company	
	7685 103rd. Street Ste 1	FILED MY 25 PI MASSESSI
	Address	چې د او د ا
	Jacksonville, FL 32210	等
	City/State and Zip Code	•
	primefmraccount@yahoo.com	
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please call:	
Syed S. Hussain	904 771-1116	
Name o	f Person Area Code Daytime Telephone Number	•
Englaced is a shoot for the	a following amount:	
Enclosed is a check for th	•	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$60.00 Fi	ling Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Care Plus, LLC dba Astoria Assisted L	•	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Considered Accument number L14000014025	Company were filed on January 26, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	`or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7:5 6
Principal office address MUST BE A STREET ADD	RESS)	ES -
•		第4 5 元
Enter new mailing address, if applicable:		里見書も
Mailing address MAY BE A POST OFFICE BOX)		Ω_ ω
		5 N
3. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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>	Address	Type of Action
AMBR	Waseem H. Syed	7685 103rd St Jacksonville, FL 32210	Add
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
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fective date, if other than the on effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the De	be specific and cannot be p ck does not meet the ap	rior to date of filing o	(option r more than 90 days after fi ling requirements, this c	ling.) Pursuant	to 605.020
e record specifies a delayed The 90th day after the reco		not an effectiv	e time, at 12:01 a.ı	m. on the ϵ	earlier (
ated May 24,	2016				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00