

L14 000103404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

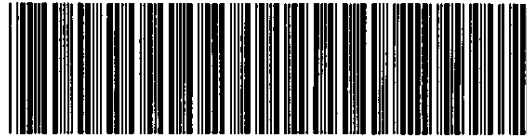
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Am

Office Use Only



600262392556

07/25/14--01013--002 **25.00

FILED
14 JUL 25 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Batch JUL 25 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AA SENIOR LIVING & TOTAL CARE 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:

Akhtar Akhtaruzzaman

Name of Person

Firm/Company

4125 SW 33rd ST

Address

Ocala, FL 34474

City/State and Zip Code

renu@yashcon.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Akhtar Akhtaruzzaman

Name of Person

at **(973) 951-8158**

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

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

AA SENIOR LIVING & TOTAL CARE 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 06/27/2014 and assigned
Florida document number L14000103404.

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)

FILED
14 JUL 25 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Akhtar Akhtaruzzaman

New Registered Office Address:

4125 SW 33rd ST

Enter Florida street address

Ocala

City

, Florida 34474

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.

Akhtar Akhtaruzzaman
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	Akhtar Akhtaruzzaman	4125 SW 33rd ST	<input checked="" type="checkbox"/> Add
		Ocala, FL 34474	<input type="checkbox"/> Remove
MGRM	Akhtar Akhtarruzzaman	4125 SW 33rd ST	<input type="checkbox"/> Add
		Ocala, FL 34474	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
14 JUN 25 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 21st, 2014

Akhtar Akhtaruzzaman
Signature of a member or authorized representative of a member

Akhtar Akhtaruzzaman

Typed or printed name of signee

FILED
14 JUL 25 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA