

L14000120789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

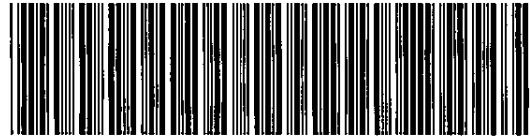
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 22 PM 4:38

FILED

T. Burch AUG 26 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROVIDENCE COMMUNITY CENTER 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:

JULINA T DORVAL

Name of Person

PROVIDENCE COMMUNITY CENTER LLC

Firm/Company

5932 NE 2 AVE

Address

MIAMI, FL 33137

City/State and Zip Code

pierre.amilcar61@gmail.com

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

For further information concerning this matter, please call:

PIERRE AMILCAR

Name of Person

at (786) 541-6930

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

PROVIDENCE COMMUNITY CENTER 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 08/01/2014 and assigned
Florida document number L14000120789.

This amendment is submitted to amend the following:

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

PROVIDENCE COMMUNITY CENTER LLC

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:

5932 NE 2 AVE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33137

Enter new mailing address, if applicable:

5932 NE 2 AVE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33137

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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:

DORVAL, JULINA T

New Registered Office Address:

5932 NE 2 AVE

Enter Florida street address

MIAMI

City

Florida 33137

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 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>
MGR	GELIN, ALNES	5932 NE 2 AVE	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input checked="" type="checkbox"/> Remove

MGR	LABISSIERE, JEAN-CLAUDE	4849 LAKE WORTH RD	<input checked="" type="checkbox"/> Add
		GREENACRES, FL 33463	<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

			<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

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 21st OF AUGUST 2014

Alnes Gelin

Signature of a member or authorized representative of a member

ALNES GELIN

Typed or printed name of signee

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Filing Fee: \$25.00

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