

LI4000166546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

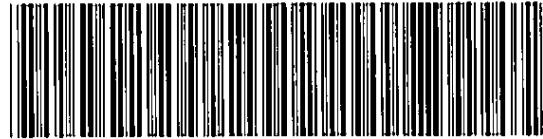
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EXTENDED FAMILY SERVICES OF CENTRAL FLORIDA, 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:

Bonnie McFarland

Name of Person

Extended Family Services of Central Florida, LLC

Firm/Company

300 W Osceola Rd

Address

Geneva, FL 32732

City/State and Zip Code

elsofcf@gmail.com

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

For further information concerning this matter, please call:

Bonnie McFarland

407 494-7903

at ()

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

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

Extended Family Services of Central Florida, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2014 JUN 27 P 2:31

The Articles of Organization for this Limited Liability Company were filed on 10-27-2014 and assigned
Florida document number L14000166546.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

300 W Osceola Rd

(Principal office address MUST BE A STREET ADDRESS)

Geneva, FL 32732

Enter new mailing address, if applicable:

PO Box 710

(Mailing address MAY BE A POST OFFICE BOX)

Geneva, FL 32732

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:

Bonnie A McFarland

New Registered Office Address:

300 W Osceola Rd

Enter Florida street address

Geneva

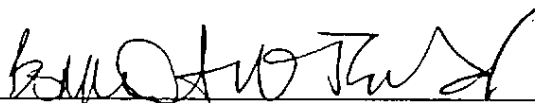
City

Florida 32732

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>
AMBR	Stacey A. Walker	540 Old Mims Rd	<input type="checkbox"/> Add
		Geneva, FL 32732	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Amanda N. Walker	540 Old Mims Rd	<input checked="" type="checkbox"/> Add
		Geneva, FL 32732	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jill Zombo	1441 Flatwoods Road	<input type="checkbox"/> Add
		Mims, FL 32754	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(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)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee