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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : MARIN, ELJAIK, LOPEZ & MARTINEZ, PL  
Account Number : I20030000013  
Phone : (305)444-5969  
Fax Number : (786)363-1992

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: HTP@MELAWYERS.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ACCRETION FAMILY CENTER, LLC

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ADAMS

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DEC 05 2019

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: ACCRETION FAMILY 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:

HERBERT E. DEUSCHEL

Name of Person

KLASFELD & CO. PL

Firm/Company

817 S. UNIVERSITY DRIVE

Address

SUITE 100

City/State and Zip Code

PLANTATION, FL 33324

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

For further information concerning this matter, please call:

HERBERT E. DEUSCHEL

Name of Person

at ( 954 )

Area Code

476-6700

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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

FILED

ACCRETION FAMILY CENTER, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on DECEMBER 19, 2014 and assigned

Florida document number L14000193702

This amendment is submitted to amend the following:

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

Accretion Colonial Family Center, 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)

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

City

Florida

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	EDWARD BURILLO	4770 BISCAYNE BLVD., SUITE 1480	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	HERBERT E. DEUSCHEL	817 S. UNIVERSITY DRIVE	<input type="checkbox"/> Add
		SUITE 100	<input checked="" type="checkbox"/> Remove
		PLANTATION, FL 33324	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**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)  
(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 NOVEMBER 26 2019

Signature of a member or authorized representative of a member

CARLOS A. MARIN, ESQ., AS AUTHORIZED REPRESENTATIVE

Typed or printed name of signee