

(((H19000352172 3)))



H190003521723ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MARIN, ELJAIEK, LOPEZ & MARTINEZ, PL

Account Number : 120030000013 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: MTP@ MELLAWYERS.COM

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

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

--Help

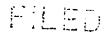
COVER LETTER

Æ

F ...

TO: Registration Se Division of Cor			
	ON FAMILY CENTER, LLC		}
SUBJECT:	Name of Limi	ted Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ndence concerning this matter		
	HERBERT E. DEUSCHEI		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	KLASFELD & CO. PL.		
		Firm/Company	
	817 S. UNIVERSITY DRI	VE	
		Address	
	SUITE 100		
		City/State and Zip Code	
	PLANTATION, FL 33324		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please o	all:	
HERBERT E. DEUSCH	IEL	954 476-6700 nt ()	
Name o	of Person	Area Code Daytir	no Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	(1) \$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 Addre Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ACCRETION FAMILY CENTER, LLC		
(Name of the Umited Lability Co. (A Florida Limit	mnany as it naw appears of led Liability Company)	CONT PROCESSED LEGISTER -5 PE: 11
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited:	Hability company here	
Accretion Colonial Family Center, LLC		
The new name must be distinguishable and contain the words "Limited I	isbility Company," the design	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
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 here: Name of New Registered Agent:	fice address on our rec	ords, enter the name of the new registered
New Registered Office Address:	Enter Florid	sireet address
		, Florida
. 	City	Zip Code
New Registered Agent's Signature, if changing Registered A	rent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	l agree to act in this ca plete performance of n it as provided for in Ch	apter 605, F.S. Or, if this document is
ī	f Changing Registered Age	nt, Signature of New Resistered Agent

If amending Authorized Person(s) authorized to manage, enter the tifle, 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
MGR	EDWARD BURILLO	4770 BISCAYNE BLVD., SUITE 1480	□Add
		MIAMI, FL 33137	-
		, 	■Change
AMBR	HERBERT E. DEUSCHEL	817 S. UNIVERSITY DRIVE	DAdd
		SUITE 100	. Remove
		PLANTATION, FL 33324	
			□Add
			□Remove
		<u></u>	Change
			□Add
			□Remove
			☐ Change
			DAdd
			. □Remove
			Change
·			
VA. ANIES	n in the same of a game specimen months.		Remove
			□ Change

Page 2 of 3

							
			·				
						· · · · · · · · · · · · · · · · · · ·	
						-	
`		· 					 .
	<u> </u>						
							<u></u>
		•					
						11	
				······································			
·	<u>.</u>			<u> </u>	<u>.</u>		
					,		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>					
<u></u>	<u> </u>	 		 -			
		· · · · · ·	_ 		·		·
							_
			•				·••
							
	·						
re∙ If the date inse	her than the date ted, the date must be serted in this block of date on the Depart	loes not meet	the applicable	ste of filing or m statutory filin	(nore than 90 day g requirement	(optional) safter filing.) Pur s, this date will	suant to 605. not be liste
record specific	es a delayed eff fter the record	ective date is filed.	e, but not a	n effective (time, at 12:	:01 a.m. on	the earlie
he 90th day a	4						
he 90th day a	26	$\frac{1}{2}$, $\frac{2}{2}$	019				_

Filing Fee: \$25.00