(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:

Office Use Only



700274727147

. 07/22/15--01004--002 **25.00

5: 08

JUL 23 2015 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor	ection porations	i		
CUDI		vard Companion Care, LLC			
SUBJ	ECT:	Name of Lim	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Thomas Messina			
			Name of Person		
			Firm/Company		
		1296 Crow Way, #202		三路	5
		Casselberry, FL 32707	Address		FILED JUL 22 PK
City/State and Zip Code					ميم وا
		tmmssn@gmail.com		11 (11 (12 (12 (12 (12 (12 (12 (12 (12 (
For fu	rther information c	E-mail address: (to be used for future annual report notif	cation)	5: 08
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclos	sed is a check for the	ne following amount:			
■ \$ 2	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 State Certified Copy (additional copy is en	

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**

Focus Forward Companion Care, LLC			
(<u>Name of the Limited Liab</u> (A Flori	ility Compa da Limited	i <mark>ny as it now appears on our recor</mark> Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability	Company	were filed on 3/9/2015	and assigned
Florida document number L150000043191	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liab	ility company here:	
The new name must be distinguishable and contain the words "Li	imited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1296 Crow Way, #202	
Principal office address MUST BE A STREET ADD	RESS)	Casselberry, FL 32707	eg or
			通复型
Enter new mailing address, if applicable:		P.O. Box 947835	A CED
Mailing address MAY BE A POST OFFICE BOX)		Maitland, FL 32794-7835	The Top
			3品 8
3. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent:			is, <u>enter the name of th</u>
New Registered Office Address: 1296	6 Crow Wa	y, #202	
New Registered Office Address:	·	Enter Florida street addre	SS
Cass	elberry	FI	lorida ³²⁷⁰⁷
		City	Zip Code

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>	Address	Type of Action
OWNR	Thomas Messina	1296 Crow Way, #202	□ Add
		Casselberry, FL 32707	□ Remove
			☐ Change
		<u> </u>	□ Remove
			☐ Change
			Add —
			□ Remove
			Change
		-	Add
			Remove
			Change
			□ Add
			☐ Remove
			Change
			☐ Add
			Remove
			[] Change

	•						
••••			•			-	_
							_
···							
	-						_
							_
<u> </u>							
			 			-	_
							_
			······································				_
	•						
ote: If the date inse	her than the date of ed, the date must be spec- cred in this block doed date on the Departme	es not meet the appli	icable statutory fili				
					三角	귫	
	s a delayed effec fer the record is		ot an effective	time, at 12:01	a.m.jon.th	ne, ear	lier (
	ter the record is	mea.				<i>√</i> 2	[
					4 1 2 3		
The 90th day af	18		<u> </u>			\^ }	177
The 90th day af	18	. 20/	<u> </u>		16. 16.	70	
e record specified The 90th day af Pated 7	/8	20/		/e of a member	() () () ()		

Page 3 of 3

Filing Fee: \$25.00