# L1500068932

(Requestor's Name)
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•
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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### **COVER LETTER**

**'**"

Divisio	n of Corporation	ns		
SUBJECT:	enior Bistro, I	LC		
SUBJECT:		Name of Li	mited Liability Company	
The enclosed Ar	ticles of Amendr	nent and fee(s) are su	bmitted for filing.	
Please return all	correspondence	concerning this matte	er to the following:	
		CAMER	Name of Person	Sow
			Name of Person	
			Firm/Company	
		12060	MANIDONI Com	IF_
		JACKS	Address  ON VILCE  City/State and Zip Code  ON CWILSON ()	FC 32258
E 64 16			(to be used for future annual rep	ort notification)
For further infor	mation concerning	ig this matter, please	at ( <u><b>8</b>01</u> ) Z	09-9488
	Name of Person		Area Code	Daytime Telephone Number
Enclosed is a ch	eck for the follow	ving amount:		
■ \$25.00 Filin		0.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

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

FILED 2015 APR 27 AN IO: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Senior Bistro, 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 Lia Florida document number L15000068932	bility Company were filed	on 04/20/2015	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability comp	any here:	
The new name must be distinguishable and end with the we	ords "Limited Liability Compar	ny," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
_			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and or registered agent and/or the new registered offi		ess on our records, <u>enter t</u>	he name of the new
L. L			
Name of New Registered Agent:			
New Registered Office Address:			
	En	nter Florida street address	
		, Florida	
	City		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Cameron D. Wilson	12060 MARLDON LANE	<b>■</b> Add
		JACKSONVILLE, FL 32258	□ Remove
<del></del>			□ Remove
			□ Remove
			Add
			□ Remove
			□ Add
			Remove
			□ Remove

		sary.)
	<u>·</u>	
Effective date, if other than the d	ate of filing: (option	nal)
The effective date must be specific, cannot	ate of filing: (option be prior to date of receipt or filed date and cannot be more than 90 days after the prior to date of receipt or filed date and cannot be more than 90 days after the prior to date of receipt or filed date and cannot be more than 90 days after the prior to date of receipt or filed date and cannot be more than 90 days after the prior to date of receipt or filed date and cannot be more than 90 days after the prior to date of receipt or filed date and cannot be more than 90 days after the prior to date of receipt or filed date and cannot be more than 90 days after the prior to date of receipt or filed date and cannot be more than 90 days after the prior to date of receipt or filed date and cannot be more than 90 days after the prior to date of receipt or filed date and cannot be more than 90 days after the prior to date of receipt or filed date and cannot be more than 90 days after the prior to date of the prior to date and cannot be more than 90 days after the prior than 90 days after the prior to date of the prior to	. 1
the date this document is filed by the Flori	ida Department of State)	er
the date this document is filed by the Flori  Dated April 21	ida Department of State)  2015	er
Dated April 21	, 2015	ier
Dated April 21	ignature of a member or authorized representative of a member	er

Page 3 of 3

Filing Fee: \$25.00

FILEU 2015 APR 27 AN IO. 40 SECRETARY OF STATE