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2015 JUL -6 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffigan JUL 8 2015

JON P. SKELTON
813.676.7211
jskelton@slk-law.com

June 12, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6051

Re: Articles of Amendment to Articles of Organization for Moore Care Assisted
Living Facility, LLC

Dear Sir or Madam:

Please find enclosed herewith for filing with the Florida Department of State, Division of Corporations, the Article of Amendment to Articles of Organization for MOORE CARE ASSISTED LIVING FACILITY, LLC, as well as a check in the amount of \$25.00 made payable to the Florida Department of State.

If you have any questions or concerns with respect to this filing, please do not hesitate to contact me at your convenience. Thank you.

Very truly yours,



Jon P. Skelton

JPS\lb
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Moore Care Assisted Living Facility, 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:

David Moore
Name of Person
Moore Care Home Assisted Living Facility, LLC
Firm/Company
14808 St. Ives Pl.
Address
Tampa, FL 33624
City/State and Zip Code
dmoore400@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Moore at (813) 205-1712
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**

FILED
2015 JUL -6 AM 10: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Moore Care Assisted Living Facility, 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 Liability Company were filed on June 4, 2015 and assigned Florida document number L15000098201.

This amendment is submitted to amend the following:

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

Moore Care Home Assisted Living Facility, 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

_____, **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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input 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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<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.)

Multiple horizontal lines for amending information.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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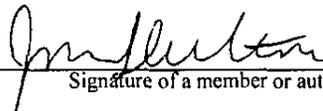
E. Effective date, if other than the date of filing: _____ (optional)

(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 June 12, 2015



Signature of a member or authorized representative of a member

Jon Skelton, as Authorized Representative

Typed or printed name of signee