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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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SECRETARY OF STATE

AND SHAPE FINDEN.

OCT 01 2015 CLYCUMO

COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	Fatima Adu	It Day Training "LLC"		
OOBSEC	.1.	Name of Lim	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspor	ndence concerning this matter	to the following:	
		Djana Damas- Louis		
			Name of Person	
			Firm/Company	
		415 NE second Street apt		
		Hallandale Florida 33009	Address	SEP 29 PM 4-1
		Rorolihaiti@hotmail.com	City/State and Zip Code	TEGRE
For furthe	er information co	E-mail address: () Incerning this matter, please ca	to be used for future annual report notification) all:	
Djana D	amas- Louis		305 7637483	
	Name of	Person	Area Code Daytime Teleph	one Number
Enclosed	is a check for the	e following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

٥ :

> 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

Fatima Adult Day Training "LLC"			
(<u>Name of the Limited Li</u> (A FI	ability Company as it now orida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liabili	ty Company were filed	on <u>7/09/2015</u>	and assigned
Florida document number L15000118328	·		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability compa	iny here:	
The new name must be distinguishable and contain the words	Limited Liability Company,	" the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	415 NE s	econd Street apt 122	图 8 7
Principal office address MUST BE A STREET AL	ODRESS)		COST NO F
			- Ho
Enter new mailing address, if applicable:			<u></u>
<u> Mailing address MAY BE A POST OFFICE BOX</u>	2		
3. If amending the registered agent and/or r	egistered office addre	ess on our records,	enter the name of th
egistered agent and/or the new registered office	address here:		
Name of New Registered Agent: D	jana Damas-Louis		
	415 NE second Street apt 122		
New Registered Office Address: 4	·	ter Florida street address	
H	allandale	, Flori	ida Florida
	City	, rwii	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

11 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>	Type of Action
Mr	James Louis	415 NE second Street Apt 122 Hall	
			Remove
			Change
			□ Add
		7001 01 d1	□ Remove
		·	☐ Change
		The condition of the co	Remove SP TI Ghange Add Remove
			Add Remove
	·		Change
			
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

menoing any other information, enter change(s) here: (Attach add	ditional sheets, if necessary.)
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ective date, if other than the date of filing:	(optional)
ective date, if other than the date of filing: 1 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 605.02
te: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.	Thing requirements, this date will not be instead
record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier
ted 9/22/2015	
Signature of a member or authorized represen	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00