

L15000135605

(Requestor's Name)

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(Business Entity Name)

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2015 OCT 29 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

NOV - 3 2015



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15 OCT 29 PM 2: 26

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

October 19, 2015

ROBERT BOWERS ACCOUNTING, INC.
CHRISTINE GRUBER
P.O. BOX 159
LEHIGH ACRES, FL 33970

SUBJECT: KENZIE KARE GROUP HOME I & II, LLC
Ref. Number: L15000135605

We have received your document for KENZIE KARE GROUP HOME I & II, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 015A00022067

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KENZIE KARE GROUP HOME I & II, 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:

CHRISTINE GRUBER

Name of Person

ROBERT BOWERS ACCOUNTING, INC

Firm/Company

P.O.BOX 159

Address

LEHIGH ACRES FL 33970

City/State and Zip Code

CHRISTINE@BOWERSACCOUNTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINE GRUBER

239 368-1505
at ()

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**

KENZIE KARE GROUP HOME I& II, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/10/2015 and assigned
Florida document number ~~L1500135605~~ *L15000135605

This amendment is submitted to amend the following:

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

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)

1911 GOLF SIDE VILLAGE DRIVE

LEHIGH ACRES, FL 33936

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:

RUPERT MCKENZIE

New Registered Office Address:

1911 GOLF SIDE VILLAGE DRIVE

Enter Florida street address

LEHIGH ACRES

City

, Florida 33936

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

ONLY ADDRESS CHANGE

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TALLAHASSEE, FLORIDA

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.

Dated OCTOBER 27TH, 2015

Signature of a member or authorized representative of a member

Cassandra McKenzie

Typed or printed name of signee