

L15000 206909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

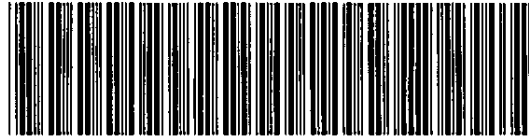
(Business Entity Name)

(Document Number)

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07/06/16--01013--011 **52.50

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

16 JUL 18 AM 7:21

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2016 JUL -5 AM 10:03



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2016

MICHAEL DAVRET
2240 WOOLBRIGHT RD SUITE 208
BOYNTON BEACH, FL 33426

SUBJECT: ACCESSIBLE HOME CARE REGISTRY, LLC
Ref. Number: L15000206909

We have received your document for ACCESSIBLE HOME CARE REGISTRY, LLC and your check(s) totaling \$52.50. 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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 416A00014235

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Accessible Home Care Registry, LLC
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Michael Davret

Contact Person

M & A Management Services, Inc

Firm/Company

2240 Woolbright Rd Suite 208

Address

Boynton Beach, FL 33426

City, State and Zip Code

mdavret@ahcglobal.com

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

For further information concerning this matter, please call:

Michael Davret

Name of Contact Person

at (561) 364-2880

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ACCESSIBLE HOME CARE REGISTRY, 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 DECEMBER 11TH, 2015 and assigned
Florida document number L15000206909.

This amendment is submitted to amend the following:

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

M & A MANAGEMENT SERVICES, 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
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

16 JUL 18 AM 7:21
SECRETARY OF STATE
FALL RIVER, FLORIDA

16 JUL 18 AM 7:21
OFFICE OF SAH-
TAL HAST. FLORIDA

(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.

Dated July 14th, 2016

Phil De

Signature of a member or authorized representative of a member

Michael Davret

Typed or printed name of signee