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SECHETARY OF LATE DIVISION OF CORPORATIONS

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COVER LETTER

	Registration Sec Division of Corp			
CHAIRC		CE ADULT DAY CARE LLC		
SUBJEC	1:	Name of Limi	ted Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please ret	urn all correspor	ndence concerning this matter t	o the following:	
		ROL	ANDO GARCIA CARRIO	
			Name of Person	
		НАРРУ	FACE ADULT DAY CARE LLC	
			Firm/Company	
			100 BEACON BLVD	
			Address	
			MIAMI, FL 33135	
			City/State and Zip Code	
			ACEADULTCARE@YAHOO.CO	
		E-mail address: (t	o be used for future annual report notit	ication)
For furthe	er information co	oncerning this matter, please ca	ili:	
ROLAN	DO GARCIA C	ARRIO	305 305-264-111 at ()	9
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	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)	☐ \$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

HAPP	Y FACE ADU	LT DAY CARE LLC			
(Name of the Limited I (A.I	iability Compa Florida Limited	ny as it now appears on our (Liability Company)	records.)		
The Articles of Organization for this Limited Liabi	lity Company	were filed on 01/27/2016		_ and assi	gned
Florida document number L16000018666	·				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liab	ility company here:			
The new name must be distinguishable and contain the words	s "Limited Liabi	lity Company," the designation	"LLC" or the abbre	viation "L.I.	C."
Enter new principal offices address, if applicable	e:	100 BEACON BLVD			
(Principal office address MUST BE A STREET A	(DDRESS)	MIAMI, FL 33135			0
·					SE
Enter new mailing address, if applicable:		100 BEACON BLVD		JUN II	SHE SHE
(Mailing address MAY BE A POST OFFICE BO	MIAMI EL 22175			7	25
				ي ي	735°
B. If amending the registered agent and/or registered agent and/or the new registered office	registered o	ffice address on our re e:	ecords, <u>enter th</u>	e name (of the ne
Name of New Registered Agent:	ROLANDO G	ARCIA CARRIO			
New Registered Office Address:	100 BEACON				
		Enter Florida street			
<u>.</u>	MIAMI		_, Florida	7:- C -	
		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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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Typed or printed name of signee

Filing Fee: \$25.00