# 216000030266

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



700283267117

03/28/16--01009--022 \*\*25.00

DIE HAR 28 P 2: I

THE STATE OF THE S

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Sinnah Life Care Community 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:
Mamillia Jofferics Name of Person
Mc Sinnah Life Care Community.
4231 Youman drive
Gity/State and Zip Code  Kay effected 23 a mail iom  J E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (239) 600-9191 Area Code Daytime Telephone Number 200
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certificate of Status \$\Bigcup \\$ Certificate of Status & Certificat

**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

(Name of the Limited Liability Co	mpany as it now appears on our records.) ted Liability Company)		
The Articles of Organization for this Limited Liability Comparing document number 16000030266		<b>2016</b> and assi	igned
This amendment is submitted to amend the following:			bbreviation "L.L.C."
A. If amending name, enter the new name of the limited l	liability company here:		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.I	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		enter the name	of the new
		LAHA	7]
Name of New Registered Agent:		7 TO	-
New Registered Office Address:		SEC. So	r <del>i</del> ra
	Enter Florida street address	THE CONTRACT OF THE CONTRACT O	D
	, Florid		
	City	Zip <b>@o</b> de	

### New Registered Agent's Signature, if changing Registered Agent:

Uh. 2.

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name **Address Type of Action** □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add \_□ Remove ☐ Change □ Add Remove **∞** □ Remove ☐ Change □ Add □ Remove ☐ Change

	Ship of	The J	nnah Li	fe Care (	ommuni	3/ L	L.C.	<u> </u>
and	ld Like to ship of all office	member	is are	enployed	23 of	the	Comp	pany.
	·			· · · · · · · · · · · · · · · · · · ·				
				· · · · · ·				
					<u> </u>			
				<del></del>	<u> </u>			
<del></del>							<u> </u>	<del></del>
<del></del>	<del>.</del>							
		<u></u>				EGE:	<del>                                      </del>	
	<del></del>		-			SSA	AR 21	
-							_ <del>&amp;</del>	
<del></del>			<del> </del>			LORID STATE	<i>\\\</i> 2	
ective date, i	f other than the	date of filing: _	3-23-	16	(or	otional)	<u>æ</u>	505.000
te: If the date	s listed, the date must inserted in this blo tive date on the De	ock does not mee	the applicable					
Jament 3 offee	iive date on the De	partment of State	s records.					
record spec he 90th da	cifies a delayed y after the reco	effective date	e, but not ar	n effective tim	e, at 12:0	1 a.m.	on the	earlier o
4								
ted Make	th 25	, ,	<i>16/6</i>					
	( /		_					

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00