(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:
	!

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COVER LETTER

Div	ision of Corpo	rations			
SUBJECT:		Adult Family Care Home, LLC			
		Name of Limit	ed Liability Company		
The enclosed	Articles of Ar	nendment and fee(s) are subm	nitted for filing.		
Please return	all correspond	ence concerning this matter to	the following:		
		Daniel Kern			
			Name of Person		-
		Citrus Pines Adult Family C	Care Home, LLC		
			Firm/Company	- AN UL	-
		5618 N. Lecanto Hwy			
			Address		-
		Beverly Hills, Florida 3446	5		
			City/State and Zip Code		-
		dkern20@yahoo.com	18 8	- A - A - C	
			be used for future annual re	port nouncation)	
For further in	ıformation con	cerning this matter, please cal	l :		
Dan Kern			352 400-		
	Name of P	erson	Area Code	Daytime Telephone Number	r
Enclosed is a	check for the	following amount:			
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	ate of Status &

MAILING ADDRESS:

TO: Registration Section

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

Citrus Pines Adult Family Care Home,		
(Name of the Limited L (A F	iability Company as it now appears on our re lorida Limited Liability Company)	rcords.)
The Articles of Organization for this Limited Liabil	ity Company were filed on $\frac{02/05/2016}{}$	and assigned
Florida document number L16000032641		~
	·	
This amendment is submitted to amend the following	ng:	
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 A		
11 incipal office dualess MOST DE ADIRECTA	<i>DD</i> XE39/	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
•		
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	· · · · · · · · · · · · · · · · · · ·
B Te III Al TA A LA		
B. If amending the registered agent and/or registered agent and/or the new registered office	•	fords, enter the name of the new
registeren agent androt me new registeren omee	address nerg.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
_	City	, Florida
New Registered Agent's Signature, if changing Regi	ŕ	Dip Cola
I hereby accept the appointment as registered as	• •	•
provisions of all statutes relative to the proper a accept the obligations of my position as register		
being filed to merely reflect a change in the regi		
company has been notified in writing of this cha		
		A N
		第型 - m
	If Changing Registered Agent, Signa	ture of New Registered Agent
		-: -: -: -: -: -: -: -: -: -: -: -: -: -
	Page 1 of 3	24 -

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>	Type of Action
AMBR	Wayne Bardsley	2185 W. Aleuts Dr.	■ Add
		Beverly Hills, Fl. 34465	Remove
			☐ Change
AMBR	Ron Leiberman	P.O. Box 181291	□ Add
		Gainesville, Fl. 32614	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
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		-nas	Add
			Remove
			☐ Change
			Add To Ad
			Change OR

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					···
				<u>.</u>	
etive date, if other than the effective date is listed, the date in	block does not meet the Department of State's r	applicable statutory ecords.	v filing requiremen	nts, this date will	not be liste
March 16	2016	5			
1		·			
, , ,	1/2				
<u> </u>	Signature of a member	or authorized represen	ntative of a member		3 3 7
Daniel Vara	Signature of a member	or authorized represen	ntative of a member	1	
Daniel Kern				ART I	
Daniel Kern		or authorized represen		SE TARY	
Daniel Kern				AUE	

Filing Fee: \$25.00