

L16000 032 641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

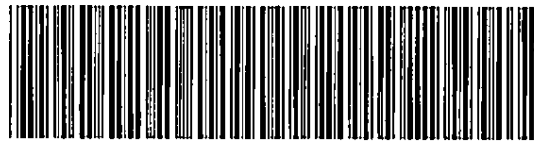
(Business Entity Name)

(Document Number)

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FILED
2019 OCT 10 PM 5:23
TALLAHASSEE, FL

OCT 29 2019

C. Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CITRUS PINES ADULT FAMILY CARE HOME, 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:

NORA AFRICA

Name of Person

CITRUS PINES ADULT FAMILY CARE HOME, LLC

Firm/Company

5618 N. LECANTO HWY

Address

BEVERLY HILLS, FL 34465

City/State and Zip Code

CITRUSPINESAFC@YAHOO.COM

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

For further information concerning this matter, please call:

NORA AFRICA

Name of Person

at (352)

Area Code

513-2024

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

CITRUS PINES ADULT FAMILY CARE HOME, 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 JUNE 06, 2019 and assigned Florida document number L16000032641.

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)

5618 N. LECANTO HWY

BEVERLY HILLS, FL 34465

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5618 N. LECANTO HWY

BEVERLY HILLS, FL 34465

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:

NORA AFRICA

New Registered Office Address:

5618 N LECANTO HWY

Enter Florida street address

BEVERLY HILLS

City

Florida

34465

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>
AMBR	ROBERTO AFRICA JR.	5618 N. VECANTO HWY BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DANIEL KERN		<input type="checkbox"/> Add
		2053 E. KENNETT DR. HERNANDO, FL 34442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALFONSA KERN		<input type="checkbox"/> Add
		2053 E. KENNETT DR. HERNANDO, FL 34442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WAYNE BARDSLEY		<input type="checkbox"/> Add
		2185 W. AREUTS DRIVE BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

NORA AFRICA

Typed or printed name of signee