## L16 000093048

(Requestor's Name)			
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,			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
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## **COVER LETTER**

TO: Registration S Division of Co			
COMFOR SUBJECT:	T ALF LLC		
	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
	Corey B	radford Name of Person	
	Comfort	Firm/Company	
	307 st	James WAI	4
	Orange pro Brade 140H	City/State and Zip Code  Ofmail·Com  (to be used for future annual report noti	(lication)
For further information of	oncerning this matter, please o	rall:	
Hubert A. Graham		908 377-1255	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 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 Addres Registration S		<u>Street Address:</u> Registration Sec	ction
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMFORT ALF 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  $\frac{05/11/2-16}{1}$ Florida document number L16000093048 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 "LLC." 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: ange park Florida 32065

## 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>	Address	Type of Action
MGR Hubert Graham	Hubert Graham	2122 Myrtle Ave N.	□Add
		Jacksonville, FL 32209	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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Note: If	date, if other than the date of filing:  (optional)  ive 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the contract of the date on the Department of State's records.
the record s cord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	Signature of a member or authorized representative of a member
	Hubert Graham  Typed or printed name of signee

. . . .

Filing Fee: \$25.00