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SECRETARY OF STATE

Mallox

COVER LETTER

TO: Registration S Division of Co						
Casa Del S	Sol Adult Day Care, LLC					
SUBJECT:	Name of Lim	ited Liability Company	. <u></u>			
	Amendment and fee(s) are sub	_				
	Alina Serra			TAT SEC	16	
		Name of Person		SSVIRT	JUN 2	
	-	Firm/Company			7 A	<u> </u>
	11401 SW 40th Street, Su	ite 338		82	# II:	
		Address		- 37	<u></u>	
	Miami, FL 33165					
	casadelsoladultdaycare@gr			_		
		to be used for future annual rep	ort notification)			
For further information (concerning this matter, please c	all:				
Leticia Serra		305 310-6 at ()	5552			
Name o	of Person	Area Code	Daytime Telephone Numb	er		
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifie	ate of Sta	tus &	
	ING ADDRESS:	STREET/C	COURIER ADDRESS:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Casa Del Sol Adult Day Care, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our reco ted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comparing document number <u>L16000096471</u> .	any were filed on <u>5/17/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TAL SE
Principal office address MUST BE A STREET ADDRESS	2	HILE SESSES
Enter new mailing address, if applicable:		記言ロ
Mailing address MAY BE A POST OFFICE BOX)		564 G
3. If amending the registered agent and/or registered registered agent and/or the new registered office address l		rds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	City,	Florida 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>	Address	1 SW 40th Street, Suite 338 Add Add Remove Change SW 40th Street, Suite 338
MGR	Alina Serra	11401 SW 40th Street, Suite 338	
		Miami, FL 33165	□ Remove
		M	■ Change
MGR	Leticia S Serra	11401 SW 40th Street, Suite 338	
		Miami, FL 33165	□ Remove
			Change
			□ Add
			Remove
			Change
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<u></u>						
Tective date, if other than the date an effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Departn	es not meet the a	applicable statuto	ling or more than 90 d ory filing requireme	_ (optional) lays after filing.) Purents, this date will	rsuant to 605. not be liste	.020° ed as
e record specifies a delayed effe The 90th day after the record is	ctive date, bu s filed.	it not an effe	ctive time, at 1	2:01 a.m. on	the earlie	er o
ated June 17th		16				
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Page 3 of 3

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