

116000128861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

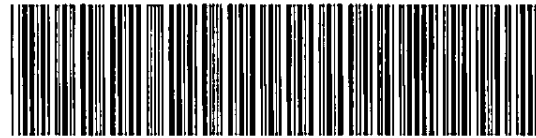
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2017

PILAR CARVAJAL
1688 MERIDIAN AVENUE STE 700
MIAMI BEACH, FL 33139

SUBJECT: ADULT DAY CENTERS OF FLORIDA, LLC
Ref. Number: L16000128861

We have received your document for ADULT DAY CENTERS OF FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 917A00023419



INNOVATION
SENIOR
MANAGEMENT

Division of Corporation
2661 Executive Center Circle
Tallahassee, FL 32301

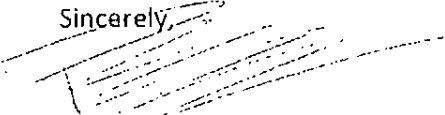
November 13, 2017

Dear Jasmine,
Thank you for your time this morning.

I am the owner of Innovation Senior Management Holdings Corporation (P17000082124). I dissolved this company this morning. I have requested through an amendment to change the name of one of my other companies from Adult Day Centers of Florida, LLC (L16000128861) to Innovation Senior Management Holdings, LLC.

Please complete my amendment as requested. I would appreciate your attending to this today.
Thank you. Happy holidays.

Sincerely,


Pilar Carvajal
CEO and Owner

Innovation Senior Management, LLC
1688 Meridian Avenue Suite 700
Miami Beach, FL 33139
1-800-425-9914
Innovation-sm.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Adult Day Centers of Florida, 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:

Pilar Carvajal

Name of Person

Innovation Senior Management, LLC

Firm/Company

1688 Meridian Avenue Suite 700

Address

Miami Beach, FL 33139

City/State and Zip Code

pcarvajal@innovation-sm.com

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

For further information concerning this matter, please call:

Pilar Carvajal

Name of Person

at (800)

Area Code

425-9914

Daytime Telephone Number

Enclosed is a check for the 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 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**

Adult Day Centers of Florida, 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 July 7th, 2016 and assigned
Florida document number L16000128861.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Innovation Senior Management Holdings, LLC

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)

1688 Meridian Avenue Suite 700

Miami Beach, FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1688 Meridian Avenue Suite 700

Miami Beach, FL 33139

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:

Enter Florida street address

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

Blank lines for amending information.

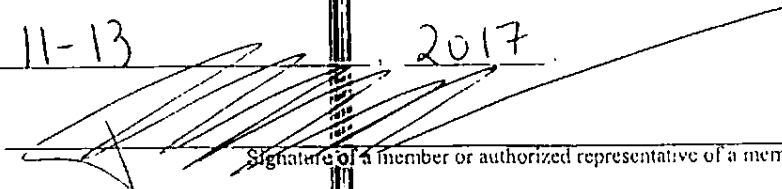
E. Effective date, if other than the date of filing: 11/13/2017 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 11-13, 2017



Signature of a member or authorized representative of a member

Pilar Carvajal

Typed or printed name of signer