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(Re	equestor's Name)
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	WAIT MAIL
(Bu	isiness Entity Name)
(Dc	ocument Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2017

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CARLOS COLLADO-ARMAS 6217 PALMVIEW CT TAMPA, FL 33625

SUBJECT: JC HOME CARE, LLC Ref. Number: L16000143649

We have received your document for JC HOME CARE, LLC and your check(s) totaling \$30.00. 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 the corrected original and one copy of 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.

Justin M Shivers Regulatory Specialist II Supervisor Registration/Qualification Section

Letter Number: 517A00005349

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### JC ASSISTED LIVING FACILITY, LLC

	(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 <u>08/01/2016</u> and assigned Florida document number <u>L16000143649</u>.

This amendment is submitted to amend the following:

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

Care Al T  $\cap$ JC HOME CARE Home

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:	<u>&gt;</u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		, , , , ,
New Registered Office Address:	Enter Florida street addre	<i>\$\$\$</i>
-	, <b>F</b>	lorida Zip Code
	1.40 <sub>1</sub> )	Zip Conc

#### 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

### MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			🛛 Remove
			Change
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**D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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## E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(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) <u>Note:</u> 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.

MARCH 14TH	2017
	TAL
Si	gnature of a member of authorized representative of a member
CARLOS A. COLLADO-	ARMAS
<u></u>	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00