L16000177304

(Requestor's Name)
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COVER LETTER

Aging Life	Care Partners, LLC						
SUBJECT:	Name of Limi	ted Liability Company					
	Amendment and fee(s) are subm						
Please return all correspo	ondence concerning this matter t	to the following:					
	Robbin Adams- AMBR						
		Name of Person					
	Aging Life Care Partners, LLC						
		Firm/Company					
7777 North Wickham Rd 12-702							
		Address					
	Melbourne florida 32940						
	info@aginglifecareparters.c						
	E-mail address: (1	o be used for future annual report notific	cation)				
For further information of	oncerning this matter, please ca	dl:					
Robbin Adams		321 307-7788					
		at ()	Telephone Number				
Name o	f Person	Area Code Daytime	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)				

Registration Section

Division of Corporations

TO:

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aging Life Care Partners, 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 ______ and assigned Florida document number L16000177304 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) 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: Enter Florida street address

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.

City

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
AMBR	Jennifer Mollitor	7777 N. Wickham Rd 12-702	
		Melbourne FL 32940	
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Effective date, if other than the date of filing: 101/01/2021 Effective date, if other than the date of filings and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 More; if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted a document's effective date on the Department of State's records. 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 of is filed. Of 1/08 2021 January Adamses Signature of a member or authorized representative of a member						_
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The adams		2021				
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Typed or printed name of signee		E COMPANIE A	or printed name of s	tener		