

L17000085274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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400299053424

05/09/17--01027--002 **60.00

MAY 10 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY -9 PM 4:12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARE FIRST DISABILITY SERVICES 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:

CANDIS JONES TAYLOR SOLE MBR
Name of Person

CARE FIRST DISABILITY SERVICES LLC
Firm/Company

4411 28th AVE
Address

VERO BEACH, FL 32967
City/State and Zip Code

carefirstdisabilityservices@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Candis Jones TAYLOR at (772) 6096-0690
Name of Person Area Code 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

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 MAY -9 PM 4:22

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CARE FIRST DISABILITY SERVICES 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 April 17, 2017 and assigned Florida document number L17000085274

This amendment is submitted to amend the following:

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

CARE FIRST DISABILITY SERVICES LLC - CANDIS JONES TAYLOR

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." SOLE MBR

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4411 28th

VERO BEACH FL 32967

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:

CANDIS JONES TAYLOR

New Registered Office Address:

4411 28th

Enter Florida street address

VERO BEACH

City

Florida 32967

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.

Candis Jones Taylor SOLE OWNER
If Changing Registered Agent, Signature of New Registered Agent MBR.

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>
MS	CAUDIS JONES TAYLOR	4411 28th	<input checked="" type="checkbox"/> Add
	SOLE MBR	Vero Beach FL 32967	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
JAN 17 2011
PM 4:32

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

I don't understand why I have
to repay fee. I registered
and filed as sole owner Sunbiz
made the mistake no me.
I have enclosed a copy of my
EIN And Original Receipt.

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 MAY -9 PM 4:32

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)

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 April 17, 2017.

Candis Jones Taylor SOLE OWNER (M.B.R.)
Signature of a member or authorized representative of a member

Typed or printed name of signer

Certificate of Status

I certify from the records of this office that CARE FIRST DISABILITY SERVICES LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on April 17, 2017, effective April 17, 2017.

The document number of this company is L17000085274.

I further certify that said company has paid all fees due this office through December 31, 2017, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 170418134216-000297568630#1

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 MAY -9 PM 4:32

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Eighteenth day of April, 2017



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 04-20-2017

Employer Identification Number:
82-1250610

Form: SS-4

Number of this notice: CP 575 G

CARE FIRST DISABILITY SERVICES LLC
CANDIS JONES TAYLOR SOLE MBR
4411 28TH AVE
VERO BEACH, FL 32967

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned EIN 82-1250610. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is CARE. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

FILED
STATE OF FLORIDA
SECRETARY OF REVENUE
TALLAHASSEE, FL
APR 23 2017
17 APR 19 PM 4:02

04-20-2017 CARE O 9999999999 SS-4

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE
17 MAY -9 PM 4: 32

CP 575 G (Rev. 7-2007)

CP 575 G

99999999999999

DATE OF THIS NOTICE: 04-20-2017
EMPLOYER IDENTIFICATION NUMBER: 82-1250610
FORM: SS-4 NOBOD

CARE FIRST DISABILITY SERVICES LLC
CANDIS JONES TAYLOR SOLE MBR
4411 28TH AVE
VERO BEACH, FL 32967

Florida Division of Corporations

Corporate Filing Payment

Thank you for filing your Corporate document online.

Your confirmation number is 000297568630.

Your charge amount is \$130.00.

Florida Department of State, Division of Corporations

Florida Department of State

- Division of Corporations

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 MAY -9 PM 4:32



Government iUpdate

[Main Menu](#) [Overview](#) [History & Operations](#) [Payments](#) [Banking & Finance](#) [Public Filings](#)

This Dun & Bradstreet report is provided for your company's internal review. It may not be used for any other purpose or shared.

HISTORY

[About History](#)

The following information was reported 04/29/17:

Officer(s): CANDIS TAYLOR, PRIN

The FL Secretary of State's business registrations file showed that Care First Disability Services LLC was registered as a Limited Liability Company on 04/17/2017.

Operations

[About Operations](#)

2017-04-29

Description: Provides individual or family social services, specialized in as a family service agency.**Employees:** 6.

SIC & NAICS

[About SIC & NAICS](#)[SIC:](#)

Based on information in our file, Dun & Bradstreet has assigned this company an extended 8-digit SIC. Dun & Bradstreet's use of 8-digit SICs enables us to be more specific to a company's operations than if we use the standard 4-digit code.

The 4-digit SIC numbers link to the description on the Occupational Safety & Health Administration (OSHA) Web site. Links open in a new browser window.

83220503 Family service agency[NAICS:](#)**624190** Other Individual and Family ServicesFILED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 MAY 2017 PM 4:32

This is a copy ~~stating~~ *stating* Proff
It was an error on

Sue Buz My name is
listed they forgot to
put on cert. I
enclosed fee but no
fair I already paid
\$130