

L17000127810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

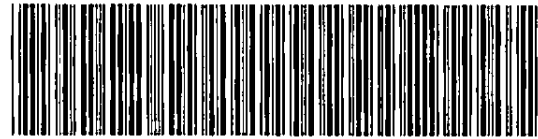
Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

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17 AUG -4 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 07 2017
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Ida House Assisted Living Facility 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:

Kirenia Bacallao Ruiz

Name of Person

The Ida House Assisted Living Facility LLC

Firm/Company

6014 Rosewood Dr.

Address

Tampa, FL 33615

City/State and Zip Code

monica805@live.com

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

For further information concerning this matter, please call:

Monica Tran

813 770-6286
at ()

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

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

The Ida House Assisted Living Facility 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 June 12, 2017 and assigned Florida document number 117000127810.

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: Kirenica Bacallao Ruiz

New Registered Office Address:

Enter Florida street address

Florida

City

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.

Kirenica Bacallao Ruiz
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>
MGR	Kirena Bacallao Ruiz	6014 Rosewood Dr. Tampa, FL 336	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Monica Tran	4702 Soapstone Dr. Tampa, FL 336	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		XXXXXXXXXXXX	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

Adding Kirenia Bacallao Ruiz as MGR

~~REMOVING MONICA TRAN AS MGR~~

REMOVING MONICA TRAN AS MGR

17 AUG - 4, AM 7:48
SUN
MILAN
ASSISTANT
OFFICE

E. Effective date, if other than the date of filing: _____ (optional)

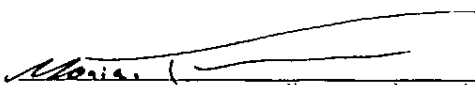
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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:

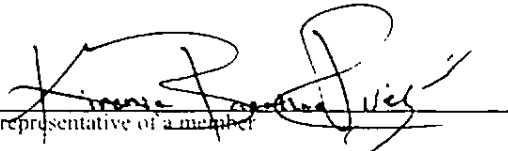
(b) The 90th day after the record is filed.

Dated 07/31 2017



Signature of a member or authorized representative of a member

Monica Tran



KIRENIA BACALLAO RUIZ

Typed or printed name of signee