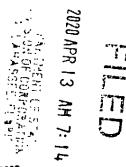
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04/15/20--01012--019 **25.00



APR 23 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Comforts of Hom	ed Liability Company	Activity Center
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
Heather	Dotting Name of Person	
Comfortso	Firm/Company	Care- Activity Center
7350 Futu	res Dr. Suite	19
Orlando,	FL 32319 City/State and Zip Code	
H-mail address: (to	ne @ Jahoo. Cor	ation)
For further information concerning this matter, please cal	II:	
Heather Dotting Name of Person	at (<u>754</u>) <u>244~</u> Area Code Daytime T	Gelephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Sand Sand 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	<u>Street Address:</u> Registration Secti	ion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Comforts of Home Adu	HCare + Activit	y Center B
(A Florida	ity Company as it now appears on or a Limited Liability Company)	P P
The Articles of Organization for this Limited Liability C	Company were filed on 2	1917 25 and assigned
Florida document number <u>L17000258333</u>	<u>ئے</u> ۔	
This amendment is submitted to amend the following:		4 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	ei address
	<u>-</u>	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.

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
mge	Charmaine Barnett	7350 Futures Dr Ste 19	<u>}</u> □Add
		Orlando, FL 32919	XRemove
			DChange
			🗆 Add
			□Remove
			□Change
			□Add
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iote: If the di	e, if other than to is listed, the date rate inserted in this fective date on the	block does not	meet the applic	able statutory fil:	more than 90 days ang requirements.	ptional) after tiling.) Pursuant this date will not b	to 605.0207 (pe listed as t
is filed.						f: (b) The 90th da	y after the
ated $\triangle \rho$	v:110		<u> </u>	<u>)</u> .			
	<u>(i) 10</u>	Signature of a	member of auth	orized representati	ve of a member		