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SECRETARY OF STATE
TALLAHASSEE. FLORIOI
TALLAHASSEE. FLORIOI

## COVER LETTER

TO: Registration Se Division of Cor			_
SUBJECT:	James A	dams LAU	un Care
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		James 7	ldams_
	James 1	Adams A	un Care
	4227	Moores LAK Address	e Rd
	Dove	City/State and Zip Code	527
	adamslans E-mail address:	to be used for future annual re	port notification)
For further information c	oncerning this matter, please co	all:	
Kanarus	Snith	at (813) 7	158.8972
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREBT/	COURIER ADDRESS:
Divisio	on of Corporations	Division of	f Corporations
	ox 6327 assee, FL 32314		ntaing utive Center Circle e, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

James Adams	5 Jawas Care
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	0/1/10
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
	TAL
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "I.B.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- mo
	To To
Enter new mailing address, if applicable:	7: 55 PRIDA
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	fice address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street uddress
	Enter Frontag street dadress
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	zip etik
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as paining filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Char	iging Registered Agent, Signature of New Registered Agent

	g Authorized Person(s) authorized to ma from our records:	inage, <u>enter the</u>	title, name, and address of each	person being added
MGR = M $AMBR = A$	lanager uthorized Member			
<u>Title</u>	<u>Name</u>	Address		Type of Action
MGR	James E. Adams	422	7 Moores Lave Rd	(D) Add
pmnsk		Dover	FL 33527	Remove
				Change
MGR	Robert J Smith	2203	ALIEN DR	
		Plant	City FL 3356	3 Remove
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an effective date lote: If the da	, if other than e is listed, the date te inserted in thi ective date on th	must be specifi s block does r	c and cannot be post of the approximately ap	plicable statu	lling or more tory filing r	than 90 days	optional) after filing.) P , this date wi	ursuant to 605.0	0207 d as
	ecifies a dela ay after the			not an effo	ective tin	ne, at 12:0	)1 a.m. or	the earlie	го
ated	JAN Ó	72		8					
		Signature	of a member or	authorized pepr	tative of	a member			
				,	ř				

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Filing Fee: \$25.00