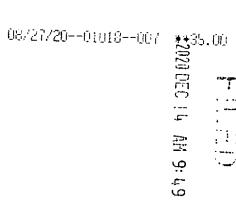
L18000078712

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
-
Special Instructions to Filing Officer:





400351137174



COVER LETTER

Divi	ision of Cor	porations				
SUBJECT:	Guardian D	ay Healthcare for Seniors, LL	С			
SOBJECT.		Name of Lin	nited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Veronica Anderson				
			Name of Person			
		Anderson and Associates,	P.A.			
	Firm/Company					
		225 N. French Avenue				
			Address			
		Sanford FL 32771				
			City/State and Zip Code			
		susan@consultlawoffice.con				
			to be used for future annual report noti	ncation)		
For further in	formation co	oncerning this matter, please co	all:			
Veronica And	derson		407 843-9901 at ()			
	Name of	f Person		e Telephone Number		
Enclosed is a	check for th	e following amount:				
≅ \$25.00 Fi	iling 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)		
Mail	lina Addras	·	Street Address			

TO:

Registration Section

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

GUARDIAN DAY HEALTHCARE FOR SENIORS, 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 Liabil.	'. C	cı 1 03/27/2	.018	, ,
Florida document number L18000078712	ny Company	were filed on		and assigned
This amendment is submitted to amend the followin	ng:			
A. If amending name, enter the new name of the	- · limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the words	"Limited Liabil	lity Company," the design	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	·:	N/A		
(Principal office address MUST BE A STREET A	DDRESS)			
				2029 DEC
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				
				9
B. If amending the registered agent and/or regist agent and/or the new registered office address he		address on our recor	ds, <u>enter the na</u>	_
Name of New Registered Agent:	//A			
N. D. I. 1007 All				•
New Registered Office Address:		Enter Florida st	reet address	
			, Florida _	
	, - u	City	, 1 1011011	Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:			
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete ed agent as p stered office	performance of my o provided for in Chap	luties, and I am ter 605, F.S. O	familiar with and r, if this document is

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	GUARDIAN CARE, INC.	2500 W. CHURCH ST.	□Add
		ORLANDO, FL 32805	≣Remove
			□Change
AMBR	GUARDIAN CARE FOUNDATIO	2500 W. CHURCH ST.	≡ Add
		ORLANDO, FL 32805	□ Remove
			Change
			Add
			Remove
			□Add
			Remove
			Change
			□Add
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tive date, if other than the da	ate of filing:	(opt	ional)
ffective date is listed, the date must be If the date inserted in this block	e specific and cannot be prior to date o k does not meet the applicable sta	of filing or more than 90 days after tutory filing requirements, th	r filing.) Pursuant to (is date will not be l
ment's effective date on the Depa	artment of State's records.	3 4	
	late, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 90th day a
filed.			
AUGUST 17	2020		
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1 1			
the	<u> </u>		