

LI 9000 083 430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

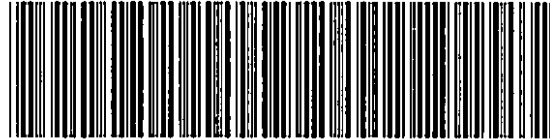
(Business Entity Name)

(Document Number)

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FILED
2019 OCT 28 P 2:45
SOLIMAN, L. H. 2019

NOV 22 2018
T. LEVIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & J Senior Private Care 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:

Andreina Ortiz
Name of Person

A & J Senior Private Care LLC.
Firm/Company

17234 Madison Greencl
Address

Tampa FL 33647
City/State and Zip Code

a.jcar33@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andreina Ortiz at (813) 564-4188
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**

A&J Senior Private Care LLC

FILED

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

2018 OCT 28 P 2:45

The Articles of Organization for this Limited Liability Company were filed on 04/02/2018 and assigned
Florida document number L18000083430.

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:

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.

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	Glenford Josephs	17234 madison green dr	☐ Add
			☒ Remove
			☐ Change
COO	Glenford Josephs		☐ Add
			☒ Remove
			☐ Change
CEO	Glenford Josephs		☐ Add
			☒ Remove
			☐ Change
CEO	Andriena ortiz	17234 madison green dr Tampa, FL, 33647	☒ Add
			☐ Remove
			☐ Change
COO	Andreina ortiz	17234 madison green dr Tampa FL, 33647	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

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.


Signature of a member or authorized representative of a member


Typed or printed name of signer