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2019 DEC -4 AM 8: 58

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JAN 1 0 2020 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:	Zero Falla		
	Name of Limit	ed Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	Zicho	Name of Person	
	<u> 7410</u>	Firm/Company	
	7320 c	aladesia Dr Address	
	- Saragat	Fl 3/243 City/State and Zip Code	
	E-mail address: (to	be used for future annual report notif	fication)
For further information	concerning this matter, please cal	l:	
Zicha Name	of Person	at (941) 405- Area Code Daytime	- 83 2 5 c 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 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

Zero f	=g LCC
(Name of the Limited Liabi (A Florid	ility Company as it now appears on our records.) Ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on (2) / 2018 and assigned
Florida document number <u>L/3000/94899</u>	 -
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
Aurora Arbor care &	L C imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Lin	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Princip <mark>al office address MUST BE A STREET ADD</mark>	DRESS)
	200 m
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	8: 58
	<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	red office address on our records, <u>enter the name of the new registered</u> :
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

Page 2 of 3

(If an e	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	1 November 22 . 2019.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Richard Penal Typed or printed name of signee

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Filing Fee: \$25.00