L18000241533

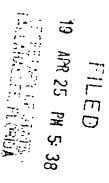
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700328302117

04/25/18--01005--028 ••30.00



O SIMMONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Stability Group Home, 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:
Philomene F Mehy Name of Person
Stability Croup Home, LLC
1627 Crossridge Drive
Branden, FL 33510 City/State and Zip Code Pfnehu@hotmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Philomene F Mehu at (813) 493-2194 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. 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

Stability Group (Name of the Limited Liability Comp. (A Florida Limited)	Home,	LLC ords)
(A Florida Limited	(Liability Company)	-
The Articles of Organization for this Limited Liability Compan Florida document number <u>しり800024153</u> 3	y were filed on 10/12	_/ ao 18_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia		
Stability Respite Se The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "I	A.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		THE PARTY
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		25 PH 5: 38
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be	office address on our reco <u>ere</u> :	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florada street add	dress
	City	Florida Zip Code
	ς (φ	<i></i>

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 Type of Action Address Title Name _□ Add ☐ Remove _□ Change □ Remove _□ Change □ Add 丑 Remove 为 PCImme **□Q/**Add _□ Remove ☐ Change _□ Remove _□ Change □ Add ☐ Remove

☐ Change

_	
_	
_	
_	
_	
_	
_	8 11 L
_	
_	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
_	
_	
an effe Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	April 22 . 2019 .
Dated _	
Dated _	April 22 . 2019 . Philomene 7. Meha Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00