## 19000021793

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Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

March 13, 2019

Re: B&P Elderly Services LLC

Dear Sir or Madam:

Enitia Corporation has been authorized by Bekie Leslie to file the enclosed Amendment for B&P Elderly Services LLC. Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

1-877-281-6496 (toll free) documents@directincorporation.com

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

**Enitia Corporation** 

## **COVER LETTER**

endinger.		ly Services LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please returi	all correspo	ndence concerning this matter	to the following:	
		Shannon Stahlin		
			Name of Person	
		<del></del>	Firm/Company	
	Name of Person			
			Address	
		Ann Arbor, MI 48103		
		documents@directincoro.co		
		E-mail address: (	to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
Shannon S	Stahlin		- • (	
	Name o	「Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 I	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

Registration Section Division of Corporations

TO:

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

FILED

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bility Company were filed on 01/22/2019 TALLARASSEE, FLORIDA
only company were med on and assigned
rida document number L19000021793  s amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  er new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  er new mailing address, if applicable:
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 "LLC."  Enter new principal offices address, if applicable:  [Principal office address MUST BE A STREET ADDRESS]  Enter new mailing address, if applicable:
(Same of the Limited Liability Company as it now appears on our records,)  (A Florida Limited Liability Company)  (A Florida Limited Liability Company)  (A Florida Limited Liability Company)  (B CAF ASSEE FLORIDA and assigned orida document number L19000021793  (In amendment is submitted to amend the following:  (If amending name, enter the new name of the limited liability company here:  (If amending name, enter the new name of the limited Liability Company," the designation "LLC" or the abbreviation "LLC."  (In amending offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  (If amending address MAY BE A POST OFFICE BOX)  (If amending the registered agent and/or registered office address on our records, enter the name of the new
The Articles of Organization for this Limited Liability Company were filed on O1/22/2019 TALLARASSES FLORIDA and assigned Florida document number L19000021793  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 "LLC."  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:
ble:
*ADDRESS)
<u> </u>
ice address here:
Enter Florida street address
1

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>	Address	Type of Action
AMBR	Peter Leslie	256 Torrington Street	Add
		Port Charlotte, FL 33954	<u></u> ■ Remove
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record specifies a delayed he 90th day after the rec		: not an effective	e time, at 12:01	a.m. on the earl	ier c
March 12	2019				
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Bobi d	Signature of a member or				

Page 3 of 3

Filing Fee: \$25.00