

L19 000 224 278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

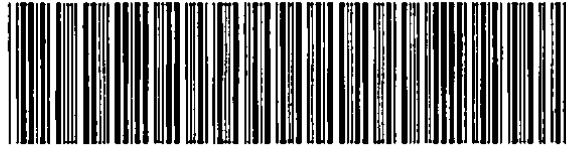
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500338292635

12/23/19--01028--003 \*\*25.00

FILED

2019 DEC 23 PM 5:35

SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS

JAN 23 2020

**: Registration Section  
Division of Corporations**

**SUBJECT:** Mercy Senior Homes, LLC

Name of Limited Liability Company

☐ enclosed Articles of Amendment and fee(s) are submitted for filing.

**Please return all correspondence concerning this matter to the following:**

**Juan Valois**

Name of Person

Mercy Senior Homes, LLC

Firm/Company

7401 Wiles Road Suite 244

Address

Coral Springs, FL 33067

City/State and Zip Code

urcasarealty@gmail.com

E-mail address: (to be used for future annual report notification)

for further information concerning this matter, please call:

**n Valois**

786

245-3758

at ( )

Name of Person

Area Code

Daytime Telephone Number

closed is a check for the following amount:

**\$25.00 Filing Fee**

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$65.00 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**

Mercy Senior Homes, LLC

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

Articles of Organization for this Limited Liability Company were filed on 09/04/2019 and assigned  
Florida document number L19000224278.

As 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 "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)

FILED  
2019 DEC 23 PM 5:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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

**By 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

Recommending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MR = Manager

MBR = Authorized Member

| <u>Title</u> | <u>Name</u>          | <u>Address</u>          | <u>Type of Action</u>                      |
|--------------|----------------------|-------------------------|--|
| MBR          | Valois Gomez, Daniel | 7401 Wiles Rd Suite 244 | <input type="checkbox"/> Add               |
|              |                      | Coral Springs, FL 33067 | <input checked="" type="checkbox"/> Remove |
|              |                      |                         | <input type="checkbox"/> Change            |
|              |                      |                         | <input type="checkbox"/> Add               |
|              |                      |                         | <input type="checkbox"/> Remove            |
|              |                      |                         | <input type="checkbox"/> Change            |
|              |                      |                         | <input type="checkbox"/> Add               |
|              |                      |                         | <input type="checkbox"/> Remove            |
|              |                      |                         | <input type="checkbox"/> Change            |
|              |                      |                         | <input type="checkbox"/> Add               |
|              |                      |                         | <input type="checkbox"/> Remove            |
|              |                      |                         | <input type="checkbox"/> Change            |
|              |                      |                         | <input type="checkbox"/> Add               |
|              |                      |                         | <input type="checkbox"/> Remove            |
|              |                      |                         | <input type="checkbox"/> Change            |
|              |                      |                         | <input type="checkbox"/> Add               |
|              |                      |                         | <input type="checkbox"/> Remove            |
|              |                      |                         | <input type="checkbox"/> Change            |

FILED  
2019 DEC 23 PM 5:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

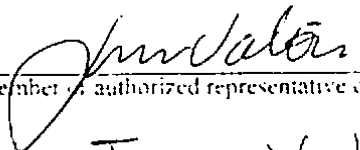
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED  
2019 DEC 23 PM 5:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

he 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  
ord is filed.

Dated Dec 11, 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Juan Valois  
\_\_\_\_\_  
Typed or printed name of signer