## 119000237110

(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



800341176328

03/02/20--01030--022 \*\*60.00



O SIMMONS
MAR 21 2020

## **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Angel Oak SUBJECT:	Arbor Care, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sheila Teresa Rivera		
	19-10-10-10-10-10-10-10-10-10-10-10-10-10-	Name of Person	11
	Angel Oak Arbor Care, LL	.c	
		Firm/Company	
	787 Aspen Drive		
		Address	
	South Daytona, FL 32119		
		City/State and Zip Code	·
	angeloakcares@gmail.com		<del> </del>
For further information c	oncerning this matter, please c	to be used for future annual report notif all:	ication)
Sheila Teresa Rivera		386 212-1277	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Sec	etion

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

(Name of the Limited Liability	Company as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liability Conforda document number <a href="https://limited.com/limited-liability-con/&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;th&gt;his amendment is submitted to amend the following:&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;th&gt;a. If amending name, enter the new name of the limite&lt;/th&gt;&lt;th&gt;d liability company here:&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;th&gt;he new name must be distinguishable and contain the words " limited<="" th=""><th>d Liability Company." the designation "Ll</th><th>LC" or the abbreviation "L.L.C."</th></a>	d Liability Company." the designation "Ll	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		20 HAR
Principal office address MUST BE A STREET ADDRE.	<u></u>	
nter new mailing address, if applicable:		2
Mailing address MAY BE A POST OFFICE BOX)		11
. If amending the registered agent and/or registered ogent and/or the new registered office address here:	office address on our records, ento	er the name of the new registe
N CN D		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
	. 1	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>	Address	Type of Action
AMBR	Sheila Teresa Rivera	787 Aspen Drive, South Daytona, FL 32119	<b>∃</b> Add
			□Remove
			□Change
MGR	Marcelino Colón Rivera	787 Aspen Drive, South Daytona, FL 32119	🗏 Add
			□Remove
MCD	Halla Carr	707 A D.i. Sauth D. A El. 22110	Change
MGR	Holly Gago	787 Aspen Drive, South Daytona, FL 32119	
		·	φ Ω6 hange
	-1868		□Add
			□Remove
		-	□Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
			🗆 Remove
			□ Change

	2020
	AA P
	2
	. α
	12 CM
<del></del>	
02-24-2	020
ective date, if other than the date of filing:	(optional)
te: If the date inserted in this block does not meet the ap	prior to date of filing or more than 90 days after filing.) Pursuant to 605.03 plicable statutory filing requirements, this date will not be listed
ument's effective date on the Department of State's reco	ords.
cord specifies a delayed effective date, but not an effective filed.	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
17:1 34	
February 24 2020	·
ed rebruary 24	
They's Pines The	authorized representative of a member