

L19000302406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CHILD PROTECTION

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GUIDING LIGHT ASSISTED LIVING RETIREMENT HOME CARE 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:

DIANNA SIMPSON

Name of Person

Firm/Company

125 NW 109th AveSUITE #107

Address

PEMBROKE PINE, FL 33026

City/State and Zip Code

dianners81@gmail.com

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

For further information concerning this matter, please call:

DIANNA SIMPSON at (561) 631-2132

Name of Person Area Code Daytime 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

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Division of Public Health

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GUIDING LIGHT ASSISTED LIVING RETIREMENT HOME CARE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/05/2019 and assigned
Florida document number L19000302406

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

125 N.W. 109 Ave Pembroke Pines
FL 33026

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

125 N.W. 109 Ave Pembroke
Pines FL SUITES #107

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:

Diana Simpson

New Registered Office Address:

125 N.W. 109 Ave Pembroke Pines FL 33026
Enter Florida street address

Pembroke Pines, Florida 33026
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>	<u>Address</u>	<u>Type of Action</u>
Owner	SIMPSON, DIANNA	125 NW 109th Ave	<input type="checkbox"/> Add
		SUITE #107	<input checked="" type="checkbox"/> Remove
		PEMBROKE PINE, FL 33026	<input type="checkbox"/> Change
MGR	Ranzc, Elijah	125 NW 109th Ave	<input type="checkbox"/> Add
		SUITE #107	<input checked="" type="checkbox"/> Remove
		PEMBROKE PINE, FL 33026	<input type="checkbox"/> Change
ADMIN	Word, Rashuan	125 NW 109th Ave	<input type="checkbox"/> Add
		SUITE #107	<input checked="" type="checkbox"/> Remove
		PEMBROKE PINE, FL 33026	<input type="checkbox"/> Change
ADMIN	Petit-Homme, John	125 NW 109th Ave	<input type="checkbox"/> Add
		SUITE #107	<input checked="" type="checkbox"/> Remove
		PEMBROKE PINE, FL 33026	<input type="checkbox"/> Change
MGR	SIMPSON, DIANNA	125 NW 109th Ave	<input checked="" type="checkbox"/> Add
		SUITE #107	<input type="checkbox"/> Remove
		PEMBROKE PINE, FL 33026	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 SEP 11 PM 4:38
STATE OF FLORIDA
DIVISION OF CORPORATION

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THE 1990 NATIONAL COUNCIL OF CHURCHES

(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)

If the 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 record is filed.

Dated August 24, 2022

Signature of a member or authorized representative of a member

DIANNA SIMPSON

Typed or printed name of signee

Filing Fee: \$25.00