

LZ0000027549

(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



700352061537

09/15/20--01011--001 **30.00

RECEIVED

SEP 14 2020

OCT 23 2020
S. YOUNG

FILED
2020 SEP 14 PM 6:37
CLERK OF COURT
COURT HOUSE
101 N. 2ND ST.
SEASIDE, CA 92134

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carinyo Memory Care Center 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:

Juan M. Ortiz

Name of Person

Tally Services, Inc.

Firm Company

7400 SW 50th Terrace, Suite 300

Address

Miami, Florida 33155

City State and Zip Code

ortiz1066@gmail.com

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

For further information concerning this matter, please call:

Juan M. Ortiz

305

773-7452

at (_____) _____

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

FILED
2020 SEP 14 PM 6:37
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF CALIFORNIA
and signed

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

Florida document number L20000027549

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

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

[illegible]

E. 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.

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 September 10 2020

Signature of a member or authorized representative of a member

Juan M. Ortiz

Typed or printed name of signee

Filing Fee: \$25.00